

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811220

FILED
Mar 20, 2009
Secretary of State

Entity Name: JOHN HANCOCK LIFE INSURANCE COMAPNY (U.S.A.)

Current Principal Place of Business:

601 CONGRESS ST.
BOSTON, MA 02210 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 111
BOSTON, MA 02117 US

New Mailing Address:

FEI Number: 01-0233346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
FLORIDA DEPT OF FINANCIAL SERVICES
200 EAST GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ALVES, EMANUEL
Address: 601 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210

Title: C () Delete
Name: DESPREZ, JOHN D III
Address: 601 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210

Title: T () Delete
Name: COPESTAKE, PETER G
Address: 200 BLOOR STREET EAST
City-St-Zip: TORONTO, ON M4W 1E5 CA

Title: D () Delete
Name: MCHAFFIE, HUGH
Address: 601 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210 US

Title: D () Delete
Name: BOYLE, JAMES R
Address: 601 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210 US

Title: D () Delete
Name: THOMSON, WARREN
Address: 197 CLARENDON STREET
City-St-Zip: BOSTON, MA 02117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: LEVITT, PETER
Address: 250 BLOOR STREET EAST
City-St-Zip: TORONTO, ON M4W 1E5 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARTZ, SCOTT
Address: 200 CLARENDON STREET
City-St-Zip: BOSTON, MA 02116

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KWONG YIU

AS

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date