

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90108 045 ***158.75

DOCUMENT # 845697

1. Corporation Name

JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY

Principal Place of Business

JOHN HANCOCK PLACE
P.O. BOX 717
BOSTON MA 02117

Mailing Address

JOHN HANCOCK PLACE
P.O. BOX 717, ATTN: ROSE CALABRARO
BOSTON MA 02117-0717
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1980

4. FEI Number

04-2664016

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VCPD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, HENRY D	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	D'ALESSANDRO, DAVID F	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANGAN, LAURA L	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOCAGE, RONALD J	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUDDY, BARBARA L	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	INDGE, JULIE H	
STREET ADDRESS	JOHN HANCOCK PLACE	
CITY-ST-ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VCPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Van Leer, Michele G.	
1.3 STREET ADDRESS	John Hancock Place	
1.4 CITY-ST-ZIP	Boston, MA 02117	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura L. Mangan 1/14/99 (617) 572-5060

Date

Daytime Phone #

CR2E034 (11/98)

844061-90108-48
845697

JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY
OFFICERS/DIRECTORS

VD

Cheung, Malcolm A.
John Hancock Place
Boston, MA 02117

VD

Lee, Thomas J.
John Hancock Place
Boston, MA 02117

VD

Paster, Robert S.
John Hancock Place
Boston, MA 02117

V

Bern, Nancy F.
John Hancock Place
Boston, MA 02117

V

MacLean, Stephen A.
John Hancock Place
Boston, MA 02117

VD

Reitano, Robert R.
John Hancock Place
Boston, MA 02117

V

Braun, George H.
John Hancock Place
Boston, MA 02117

V

Mannix, William M.
John Hancock Place
Boston, MA 02117

V

Shea, John P.
John Hancock Place
Boston, MA 02117

V

Brown, Donald N.
John Hancock Place
Boston, MA 02117

V

McGuire, Kevin
John Hancock Place
Boston, MA 02117

V

Shemin, Louis B.
John Hancock Place
Boston, MA 02117

V

Buonaiuto, Patricia C.
John Hancock Place
Boston, MA 02117

V

Murdzek, John P.
John Hancock Place
Boston, MA 02117

V

Stapleton, Margaret
John Hancock Place
Boston, MA 02117

V

Davis, Willma H.
John Hancock Place
Boston, MA 02117

V

Nastou, Roger G.
John Hancock Place
Boston, MA 02117

VD

Tomlinson, Joseph A.
John Hancock Place
Boston, MA 02117

V

Dowd, Edward P.
John Hancock Place
Boston, MA 02117

V

O'Donnell, Philip R.
John Hancock Place
Boston, MA 02117

V

Urick, Anthony C.
John Hancock Place
Boston, MA 02117

V

Engelsen, Todd G.
John Hancock Place
Boston, MA 02117

V

Ouellette, Daniel L.
John Hancock Place
Boston, MA 02117

V

Welch, Barry E.
John Hancock Place
Boston, MA 02117