

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845697

1. Entity Name

JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90002 049 ***158.75

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2664016

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VCPD ☐ Delete
NAME VAN LEER, MICHELE G
STREET ADDRESS JOHN HANCOCK PLACE
CITY-ST-ZIP BOSTON MA 02117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME D'ALESSANDRO, DAVID F
STREET ADDRESS JOHN HANCOCK PLACE
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME MANGAN, LAURA L
STREET ADDRESS JOHN HANCOCK PLACE
CITY-ST-ZIP BOSTON MA

TITLE S ☐ Change ☒ Addition
NAME Scavongelli, Peter
STREET ADDRESS John Hancock Place
CITY-ST-ZIP Boston MA 02117

TITLE VD ☐ Delete
NAME BOCAGE, RONALD J
STREET ADDRESS JOHN HANCOCK PLACE
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LUDDY, BARBARA L
STREET ADDRESS JOHN HANCOCK PLACE
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME INDGE, JULIE H
STREET ADDRESS JOHN HANCOCK PLACE
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Scavongelli* REQUIRED

Peter Scavongelli 1/7/00 (617) 572-5970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)