

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90022 009 ***158.75

DOCUMENT # 845697

1. Entity 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
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 04-2664016	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPD VAN LEER, MICHELE G JOHN HANCOCK PLACE BOSTON MA 02117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD D'ALESSANDRO, DAVID F JOHN HANCOCK PLACE BOSTON MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCAVONGELLI, PETER -- JOHN HANCOCK PLACE BOSTON MA 02117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOCAGE, RONALD J JOHN HANCOCK PLACE BOSTON MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUDDY, BARBARA L JOHN HANCOCK PLACE BOSTON MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INDGE, JULIE H JOHN HANCOCK PLACE BOSTON MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter Scavongelli, Secretary

January 7, 2002 (617) 572-5970
Date Daytime Phone #

CR2E034 (9/01)

Attachment 907442
Doc# 845697

Additional Directors and Officers Of
John Hancock Variable Life Insurance Company

VD

Bruce M. Jones
197 Clarendon Street
Boston, MA 02117

VD

Daniel L. Ouellette
P. O. Box 111
Boston, MA 02117

VD

Robert S. Paster
P. O. Box 111
Boston, MA 02117

VD

Robert R. Reitano
P. O. Box 111
Boston, MA 02117

VD

Paul Strong
197 Clarendon Street
Boston, MA 02117

V

Stephen J. Blewitt
P. O. Box 111
Boston, MA 02117

V

George H. Braun
P. O. Box 111
Boston, MA 02117

V

Willma H. Davis
P. O. Box 111
Boston, MA 02117

V

Paul F. Haheisy
P. O. Box 111
Boston, MA 02117

V

Mark W. Davis
P. O. Box 111
Boston, MA 02117

V

E. Kendall-Hines, Jr.
P. O. Box 111
Boston, MA 02117

V

Deborah H. McAneny
P. O. Box 111
Boston, MA 02117

V

Phillip J. Peters
P. O. Box 111
Boston, MA 02117

V

Roger G. Nastou
P. O. Box 111
Boston, MA 02117

V

Steven Mark Ray
P. O. Box 111
Boston, MA 02117

V

Todd G. Engelsen
197 Clarendon Street
Boston, MA 02117

Attachment
907442
Doc# 845697

V
Francis X. Felton
P. O. Box 111
Boston, MA 02117

V
Scott S. Hartz
P. O. Box 111
Boston, MA 02117

V
C. Bruce Metzler
P. O. Box 111
Boston, MA 02117

V
Barry E. Welch
P. O. Box 111
Boston, MA 02117

V
Barry L. Shemin
197 Clarendon Street
Boston, MA 02117

V
Margaret M. Stapleton
P. O. Box 111
Boston, MA 02117

V
Diane M. Crisileo
P. O. Box-111
Boston, MA 02117