

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**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**



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
BELL, MICHAEL A  
JOHN HANCOCK PLACE  
BOSTON, MA 02117**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SCAVONGELLI, PETER  
JOHN HANCOCK PLACE  
BOSTON, MA 02117**

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

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

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

000000008095  
01/20/04-80050-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Peter Scavongelli*

**Peter Scavongelli**

**1-15-04 (617) 572-5970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #