
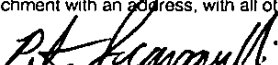


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90030 040 \*\*\*158.75

<b>DOCUMENT # 845697</b> 1. Entity Name <b>JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>JOHN HANCOCK PLACE P.O. BOX 717 BOSTON, MA 02117</b>			Mailing Address <b>JOHN HANCOCK PLACE P.O. BOX 717, ATTN: ROSE CALABRARO BOSTON, MA 02117-0717 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>04-2664016</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VCPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN LEER, MICHELE G		NAME		
STREET ADDRESS	JOHN HANCOCK PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02117		CITY-ST-ZIP		
TITLE	CD <input checked="" type="checkbox"/> Delete		TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BELL, MICHAEL A		NAME	Benson, James M.	
STREET ADDRESS	JOHN HANCOCK PLACE		STREET ADDRESS	John Hancock Place	
CITY-ST-ZIP	BOSTON, MA 02117		CITY-ST-ZIP	Boston, MA 02117	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCAVONGELLI, PETER		NAME		
STREET ADDRESS	JOHN HANCOCK PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02117		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOCAGE, RONALD J		NAME		
STREET ADDRESS	JOHN HANCOCK PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUDDY, BARBARA L		NAME	Ouellette, Daniel L.	
STREET ADDRESS	JOHN HANCOCK PLACE		STREET ADDRESS	John Hancock Place	
CITY-ST-ZIP	BOSTON, MA		CITY-ST-ZIP	Boston, MA 02117	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	INDGE, JULIE H		NAME	Copestake, Peter	
STREET ADDRESS	JOHN HANCOCK PLACE		STREET ADDRESS	John Hancock Place	
CITY-ST-ZIP	BOSTON, MA		CITY-ST-ZIP	Boston, MA 02117	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>Peter Scavongelli</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-12-05 (617) 572-5970		
			Date Daytime Phone #		