

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90056 008 ***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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01122006 Chg-P CR2E034 (11/05)

4. FEI Number 04-2664016	Applied For Not Applicable
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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**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BENSON, JAMES M JOHN HANCOCK PLACE BOSTON, MA 02117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCAVONGELLI, PETER JOHN HANCOCK PLACE BOSTON, MA 02117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOCAGE, RONALD J JOHN HANCOCK PLACE BOSTON, MA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OUELLETTE, DANIEL L JOHN HANCOCK PLACE BOSTON, MA 02117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COPESTAKE, PETER JOHN HANCOCK PLACE BOSTON, MA 02117 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD John D. DesPrez III 601 Congress Street Boston, MA 02210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert A. Cook 197 Clarendon Street Boston, MA 02117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCS Emanuel Alves 601 Congress Street Boston, MA 02210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jonathan Chiel 601 Congress Street Boston, MA 02210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD James R. Boyle 601 Congress Street Boston, MA 02210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Emanuel Alves January 17, 2006 (617) 663-2486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

60005543
#845697

JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
John D. DesPrez III	601 Congress Street Boston, MA 02210
James R. Boyle	601 Congress Street Boston, MA 02210
Jonathan Chiel	601 Congress Street Boston, MA 02210
Robert A. Cook	197 Clarendon Street Boston, MA 02117
Marc Costantini	601 Congress Street Boston, MA 02210
Warren A. Thomson	200 Clarendon Street Boston, MA 02117