

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845697

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY

## Current Principal Place of Business:

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

## New Principal Place of Business:

JOHN HANCOCK PLACE  
197 CLARENDON STREET  
BOSTON, MA 02117

## Current Mailing Address:

JOHN HANCOCK PLACE  
P.O. BOX 717, ATTN: ROSE CALABRARO  
BOSTON, MA 021170717 US

## New Mailing Address:

JOHN HANCOCK PLACE  
197 CLARENDON ST., ATTN: ROSE CALABRARO  
BOSTON, MA 021170717 US

FEI Number: 04-2664016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: DESPREZ, JOHN D III  
Address: 601 CONGRESS ST.  
City-St-Zip: BOSTON, MA 02210

Title: VPD ( ) Delete  
Name: MCHAFFIE, HUGH  
Address: 601 CONGRESS STREET  
City-St-Zip: BOSTON, MA 02210

Title: S ( ) Delete  
Name: ALVES, EMANUEL  
Address: 601 CONGRESS ST  
City-St-Zip: BOSTON, MA 02210

Title: VPCS ( ) Delete  
Name: CHIEL, JONATHAN  
Address: 601 CONGRESS ST.  
City-St-Zip: BOSTON, MA 02210

Title: VPD ( ) Delete  
Name: BOYLE, JAMES R  
Address: 601 CONGRESS ST/  
City-St-Zip: BOSTON, MA 02110

Title: T ( ) Delete  
Name: LEVITT, PETER  
Address: 250 BLOOR STREET EAST  
City-St-Zip: TORONTO ONTARIO,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPCD (X) Change ( ) Addition  
Name: CHIEL, JONATHAN  
Address: 601 CONGRESS ST.  
City-St-Zip: BOSTON, MA 02210

Title: PD (X) Change ( ) Addition  
Name: BOYLE, JAMES R  
Address: 601 CONGRESS ST/  
City-St-Zip: BOSTON, MA 02110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMANUEL ALVES

VPCS

03/10/2009

Electronic Signature of Signing Officer or Director

Date