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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN 19 AM 9:47

DOCUMENT # 850956 (4)

1. Corporation Name
JOHN HANCOCK LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business 1209 ORANGE STREET C/O TAX DEPARTMENTS - 26TH FL WILMINGTON DE 19801 US	Mailing Address P.O. BOX 717 JOHN HANCOCK PLACE, C-2 BOSTON MA 02117-0717 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 11/09/1981	3a. Date of Last Report 02/07/1994
4. FEI Number 13-3072894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 190.01, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER STATE OF FLORIDA
 CAPITAL BUILDING
 TALLAHASSEE FL FL 32301**

10. Name and Address of New Registered Agent


81. Name
82. Street Address (P.O. Box Number is Not Accepted)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE CPD	NAME SHEMIN, BARRY L	TITLE CD	NAME D'ALESSANDRO, DAVID F.
STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS BOSTON MA	STREET ADDRESS BOSTON MA
CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA
TITLE VD	NAME BAXTER, DAVID L	TITLE PD	NAME SHAW, HENRY D.
STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS BOSTON MA	STREET ADDRESS BOSTON MA
CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA
TITLE VD	NAME BOCAGE, RONALD J	TITLE VD	NAME CLEARY, FRANCIS C. JR.
STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS BOSTON MA	STREET ADDRESS BOSTON MA
CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA
TITLE VD	NAME REITANO, ROBERT R	TITLE	NAME
STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP	CITY, ST, ZIP
TITLE VD	NAME LUDDY, BARBARA L	TITLE	NAME
STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP	CITY, ST, ZIP
TITLE VS	NAME MOAKLEY, CHRISTOPHER J	TITLE S	NAME MANGAN, LAURA L.
STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS JOHN HANCOCK PL	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP BOSTON MA	CITY, ST, ZIP	CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is verifiably true and correct and that I qualify for the qualifications set forth in Sections 190.01(2) and 190.01(3), Florida Statutes. I hereby certify that the information indicated on this annual report or supplementary annual report is true and is correct and that my signature shall have the same legal effect as if made in person. 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 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE:  **LAURA L. MANGAN**
 SECRETARY

01/11/95 (617)572-5060

OFFICERS & DIRECTORS

T

BASSETT, LEONARD C.
JOHN HANCOCK PL
BOSTON MA

VD

LEE, THOMAS J.
JOHN HANCOCK PL
BOSTON MA

VD

TOMLINSON, JOSEPH A.
JOHN HANCOCK PL
BOSTON MA

VD

VAN LEER, MICHELE G.
JOHN HANCOCK PL
BOSTON MA

VD

DE CICCIO, JOHN M.
JOHN HANCOCK PL
BOSTON MA

V

OUELLETTE, DANIEL L.
JOHN HANCOCK PL
BOSTON MA

V

BRAUN, GEORGE H.
JOHN HANCOCK PL
BOSTON MA

V

SWANSON, JAY M
JOHN HANCOCK PL
BOSTON MA

V

SHEA, JOHN P.
JOHN HANCOCK PL
BOSTON MA

V

URICK, ANTHONY C.
JOHN HANCOCK PL
BOSTON MA

V

DAVIS, WILMA H.
JOHN HANCOCK PL
BOSTON MA

V

STAPLETON, MARGARET M.
JOHN HANCOCK PL
BOSTON MA

V

COOLIDGE, NATHANIEL S.
JOHN HANCOCK PL
BOSTON MA