


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 850956 (4)**

1. Corporation Name: **JOHN HANCOCK LIFE INSURANCE COMPANY OF AMERICA**

Principal Place of Business <b>1209 Orange Street C/O Tax Departments 26thFL Wilmington DE 19801 US</b>	Mailing Address <b>John Hancock Place C-2 P. O. Box 717 Boston, MA 02117-0717 US</b>
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3. Date Incorporated or Qualified <b>11/09/1981</b>	3a. Date of Last Report <b>2/08/1996</b>
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>13-3072894</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	29. Zip	30. Country	Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**Insurance Commissioner State of Florida  
Capital Building  
Tallahassee FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. Zip Code	<b>300002131753 -04/02/97--01109--018</b>
84. City	<b>***165.00 FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	<b>VC/P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>Shaw, Henry D.</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>John Hancock Place</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Boston, MA 02117</b>
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	<b>C/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>D'Alessandro, David F.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>John Hancock Place</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Boston, MA 02117</b>
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>Mangan, Laura L.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>John Hancock Place</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Boston, MA 02117</b>
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Bocage, Ronald J.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>John Hancock Place</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Boston, MA 02117</b>
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Luddy, Barbara L.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>John Hancock Place</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Boston, MA 02117</b>
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Bassett, Leonard A.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>John Hancock Place</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Boston, MA 02117</b>

14. I do 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 included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **Laura L. Mangan, Secretary** \_\_\_\_\_

Date: **2-6-97** Daytime Phone #: **(617) 572-5060**

CR2E034 (9/96)

499.283

**OFFICERS & DIRECTORS**

V/D

Lee, Thomas J.  
John Hancock Place  
Boston, MA 02117

V/D

Paster, Robert S.  
John Hancock Place  
Boston, MA 02117

V/D

Reitano, Robert R.  
John Hancock Place  
Boston, MA 02117

V/D

Tomlinson, Joseph A.  
John Hancock Place  
Boston, MA 02117

V/D

Van Leer, Michele G.  
John Hancock Place  
Boston, MA 02117

V

Braun, George H.  
John Hancock Place  
Boston, MA 02117

V

Brown, Donald N.  
John Hancock Place  
Boston, MA 02117

V

Davis, Willma H.  
John Hancock Place  
Boston, MA 02117

V

Dowd, Edward P.  
John Hancock Place  
Boston, MA 02117

V

Hodges, James W.  
John Hancock Place  
Boston, MA 02117

V

MacLean, Stephen A.  
John Hancock Place  
Boston, MA 02117

V

Mannix, William M.  
John Hancock Place  
Boston, MA 02117

V

McGuire, Kevin M.  
John Hancock Place  
Boston, MA 02117

V

Murdzek, John P.  
John Hancock Place  
Boston, MA 02117

V

Nastou, Roger G.  
John Hancock Place  
Boston, MA 02117

V

O'Donnell, Philip R.  
John Hancock Place  
Boston, MA 02117

V

Ouellette, Daniel L.  
John Hancock Place  
Boston, MA 02117

V

Shea, John P.  
John Hancock Place  
Boston, MA 02117

499.383

V  
Shemin, Barry L.  
John Hancock Place  
Boston, MA 02117

V  
Stapleton, Margaret M.  
John Hancock Place  
Boston, MA 02117

V  
Urick, Anthony C.  
John Hancock Place  
Boston, MA 02117

V  
Welch, Barry E.  
John Hancock Place  
Boston, MA 02117