

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850956

FILED
Mar 06, 2009
Secretary of State

Entity Name: JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

Current Principal Place of Business:

2711 CENTERVILLE ROAD
SUITE 400
WILMINGTON, DE 19808 US

New Principal Place of Business:

197 CLARENDON STREET
BOSTON, MA 02117 US

Current Mailing Address:

POST OFFICE BOX 717
BOSTON, MA 021170717 US

New Mailing Address:

FEI Number: 13-3072894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS
TALLAHASSEE, FL 32301 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: BOYLE, JAMES R
Address: 197 CLARENDON STREET
City-St-Zip: BOSTON, MA 02117

Title: P () Delete
Name: HARRISON, MARIANNE
Address: 200 BERKELEY STREET
City-St-Zip: BOSTON, MA 02117

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

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

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

Title: T () Delete
Name: LEVITT, PETER
Address: 2500 BLOOR STREET EAST
City-St-Zip: TORONTO, ONTARIO,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: HARRISON, MARIANNE
Address: 200 BERKELEY STREET
City-St-Zip: BOSTON, MA 02117

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

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

Title: VP (X) Change () Addition
Name: PATTERSON, LYNNE
Address: 601 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210

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: ROSALIE M. CALABRARO

AS

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date