

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850956

FILED
Jan 19, 2010
Secretary of State

Entity Name: JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

Current Principal Place of Business:

197 CLARENDON STREET
BOSTON, MA 02117 US

New Principal Place of Business:

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: PD
Name: BOYLE, JAMES R PRESIDE
Address: 197 CLARENDON STREET
City-St-Zip: BOSTON, MA 02117

Title: CD
Name: DESPREZ III, JOHN D CHAIRMA
Address: 601 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210

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

Title: EVPD
Name: HARTZ, SCOTT
Address: 197 CLARENDON STREET
City-St-Zip: BOSTON, MA 02117

Title: EVPD
Name: GALLAGHER, JAMES
Address: 601 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210

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

I hereby 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 all other like empowered.

SIGNATURE: EMANUEL ALVES

VPCS

01/19/2010

Electronic Signature of Signing Officer or Director

_____ Date