

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850956

FILED
Jan 20, 2011
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:

601 CONGRESS STREET
Z-13-041
BOSTON, MA 02210 US

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

Name and Address of Current Registered Agent:

CHIWEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

FLORIDA DEPT. OF FINANCIAL SERVICES
200 E. GAINES STREET
CHIEF FINANCIAL OFFICER
TALLAHASSEE, FL 32399 US

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: CHIEF FINANCIAL OFFICER

01/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPD
Name: BOYLE, JAMES R
Address: 601 CONGRESS STREET
City-St-Zip: BOSTON, MA 02210 US

Title: EVPD
Name: FINCH, STEVEN
Address: 197 CLARENDON STREET
City-St-Zip: BOSTON, MA 02117 US

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

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

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

Title: T
Name: LEVITT, PETER
Address: 250 BLOOR STREET EAST
City-St-Zip: TORONTO, ONTARIO, CA M4W 1E5

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

01/20/2011

Electronic Signature of Signing Officer or Director

Date