

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811220

Entity Name: JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**Current Principal Place of Business:**601 CONGRESS ST.
BOSTON, MA 02210**Current Mailing Address:**601 CONGRESS STREET
BOSTON, MA 02210 US**FEI Number:** 01-0233346**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
FLORIDA DEPT OF FINANCIAL SERVICES
200 EAST GAINES ST.
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP/C/S
Name ALVES, EMANUEL
Address 601 CONGRESS STREET
City-State-Zip: BOSTON MA 02210

Title C/P/CEO/D
Name HARRISON, MARIANNE
Address 601 CONGRESS STREET
City-State-Zip: BOSTON MA 02210

Title EVP/GC/D
Name GALLAGHER, JAMES D
Address 601 CONGRESS STREET
City-State-Zip: BOSTON MA 02210

Title VP/D
Name DAVIS WATTERS, LINDA A.
Address 601 CONGRESS STREET
City-State-Zip: BOSTON MA 02210

Title EVP/CIO/D
Name HARTZ, SCOTT S
Address 200 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

Title EVP/T
Name VON DEM HAGEN, HALINA K.
Address 200 BLOOR STREET EAST
City-State-Zip: TORONTO ONTARIO 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 ALVESVICE PRESIDENT,
COUNSEL & CORP.
SECRETARY

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date