

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850956

Entity Name: JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

Current Principal Place of Business:

197 CLARENDON STREET
BOSTON, MA 02117

Current Mailing Address:

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

FEI Number: 13-3072894

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COLEMAN, LYNETTE MS.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CPD
Name BROMLEY, CRAIG
Address 601 CONGRESS STREET
City-State-Zip: BOSTON MA 02210

Title EVPD
Name DOUGHTY, MICHAEL
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02117

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

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

Title TREASURER
Name HAGEN, HALINA K. VON DEM
Address 200 BLOOR STREET EAST
City-State-Zip: TORONTO ONTARIO M4W 1E5

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

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

**VP, COUNSEL &
SECRETARY**

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date