

**2024 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:**

197 CLARENDON STREET  
BOSTON, MA 02117 US

**FEI Number: 13-3072894**

**Certificate of Status Desired: No**

**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 C/CEO/P/D  
Name TINGLE, BROOKS  
Address 200 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title EVP/CIO/D  
Name WONG, HENRY H.  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02117

Title TREASURER  
Name FADOUS, STEPHANIE  
Address 200 BLOOR STREET EAST  
City-State-Zip: TORONTO M4W 1E5

Title VP, SECRETARY  
Name LANNIGAN, TRACY K.  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02117

*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: TRACY K. LANNIGAN**

**SECRETARY**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date