

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850956

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC9688342550**

**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 T  
Name MOORE, H. STEVEN  
Address 250 BLOOR STREET EAST  
City-State-Zip: TORONTO 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 &  
CORP. SECRETARY**

**02/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date