

SERFF Tracking Number: JHAN-125635138 State: Arkansas
Filing Company: Manulife Insurance Company State Tracking Number: 38908
Company Tracking Number: 08NCE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 08NCE Name Change Endorsement
Project Name/Number: 08NCE Name Change Endorsement/

Filing at a Glance

Company: Manulife Insurance Company

Product Name: 08NCE Name Change
Endorsement

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: JHAN-125635138 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 08NCE

Co Status: Submitted

Author: Michelle Fluet

Date Submitted: 05/05/2008

State Tr Num: 38908

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/12/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: 08NCE Name Change Endorsement

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/12/2008

State Status Changed: 05/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Discretionary

Deemer Date:

We are filing the above referenced form for general use in your jurisdiction. The form is filed in accordance with the applicable statutes and regulations of your jurisdiction, and is laser printed, subject only to minor variations in paper stock, color, fonts, duplexing, and positioning. The form is new and will not replace any existing forms.

No part of this filing contains any unusual or controversial items differing from normal Company or industry standards. No part of this filing contains any assumptions or provisions which unfairly discriminate in availability, rates, benefits or any other way for prospective insureds.

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Manulife Insurance Company is changing its name to John Hancock Life & Health Insurance Company.

The purpose of the endorsement is to change the company name appearing in all inforce state-filed forms, from Manulife Insurance Company to John Hancock Life & Health Insurance Company. We plan to issue the endorsement form to all inforce certificateholders. The Company's logo may be added to the form prior to issuance.

Any certifications and fees required by your jurisdiction are enclosed. The filing fee for this submission required by the Company's domiciliary state of Delaware is \$50.00. For your reference, a name change amendment to our certificate of authority has been approved in your jurisdiction effective April 4, 2008.

Should you have any questions about this filing, please do not hesitate to contact me.

Company and Contact

Filing Contact Information

Michelle Fluet, State Compliance Analyst mfluet@jhancock.com
197 Clarendon Street (800) 370-1355 [Phone]
Boston, MA 02117 (617) 572-0808[FAX]

Filing Company Information

Manulife Insurance Company CoCode: 93610 State of Domicile: Delaware
197 Clarendon Street Group Code: 356 Company Type:
State Compliance, C-7
Boston, MA 02117 Group Name: State ID Number:
(800) 370-1355 ext. [Phone] FEIN Number: 13-3072894

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Manulife Insurance Company	\$50.00	05/05/2008	20096714

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/12/2008	05/12/2008

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Disposition

Disposition Date: 05/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Name Change Endorsement		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	08NCEGR P	Certificate	Name Change Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	08NCE AR GRP.pdf

JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

NAME CHANGE ENDORSEMENT

This endorsement is part of your certificate and should be attached thereto. The Company's name has changed from Manulife Insurance Company to John Hancock Life & Health Insurance Company. The Home Office address for John Hancock Life & Health Insurance Company is as follows:

John Hancock Life & Health Insurance Company
P.O. Box 717
Boston, Massachusetts 02117
1-800-732-5543

Signed for the Company at Boston, Massachusetts

 SPECIMEN

President

 SPECIMEN

Secretary

<i>SERFF Tracking Number:</i>	<i>JHAN-125635138</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Manulife Insurance Company</i>	<i>State Tracking Number:</i>	<i>38908</i>
<i>Company Tracking Number:</i>	<i>08NCE</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

05/05/2008

Comments:

Attachments:

AR - reg33-49 cert-G.pdf

AR -cert Reg19-g.pdf

AR - flesch.-Gpdf.pdf

Review Status:

Bypassed -Name: Application

05/05/2008

Bypass Reason: Not applicable to this submission.

Comments:

JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

CERTIFICATE OF COMPLIANCE

STATE OF ARKANSAS

08NCEGRP

- Name Change Endorsement

I certify to the best of my knowledge and belief as to the accuracy and compliance of this filing; further, I certify that this filing is in compliance with Ark. Code Ann. 23-79-138 which requires that certain information accompany every policy and Regulation 49 which requires that a Life and Health guaranty notice be given to each policyowner.

Also, Regulation 33, in particular Articles VI, VII, IX and XI (if applicable), has been reviewed and our company is in compliance.

May 5, 2008

Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

COMPLIANCE CERTIFICATION

STATE OF ARKANSAS

Form	Description
08NCEGRP	Name Change Endorsement

John Hancock Life & Health Insurance Company hereby certifies to its understanding of the filing requirements of Arkansas Regulation 19 §10B re unfair sex discrimination in the sale of insurance and that this filing meets the provisions of this rule, as well as all applicable requirements of the Arkansas Insurance Department.

May 5, 2008
Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

CERTIFICATE OF COMPLIANCE

FOR THE STATE OF ARKANSAS

I, Helene Landow, an officer of JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY, hereby certify that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test, and that these forms meet the requirements of your readability legislation.

FORM NUMBER

READABILITY SCORE

08NCEGRP

50

May 5, 2008
Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance