

SERFF Tracking Number: MALF-125636399 State: Arkansas
Filing Company: John Hancock Life Insurance Company State Tracking Number: 39327
Company Tracking Number: 08PEGPA
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Fixed Deferred Annuity
Project Name/Number: /

Filing at a Glance

Company: John Hancock Life Insurance Company

Product Name: Fixed Deferred Annuity SERFF Tr Num: MALF-125636399 State: ArkansasLH

TOI: A021 Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 39327
Variable

Sub-TOI: A021.002 Flexible Premium Co Tr Num: 08PEGPA State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: John Severini Disposition Date: 06/23/2008

Date Submitted: 06/17/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 06/23/2008

State Status Changed: 06/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

John Hancock Life Insurance Company

NAIC #65099, FEIN #04-1414660

For Approval Purposes:

Contract Forms: 08PEGPA

Application Form: 156-PEGPA-08

SERFF Tracking Number: MALF-125636399 *State:* Arkansas
Filing Company: John Hancock Life Insurance Company *State Tracking Number:* 39327
Company Tracking Number: 08PEGPA
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: Fixed Deferred Annuity
Project Name/Number: /

Specification Form: SPEC-PE08
Corresponding Statements of Variability

Dear Sir Or Madam,

We are filing the forms referenced above for approval in your jurisdiction. The forms are filed in accordance with the applicable statutes and regulations of your jurisdiction and are laser printed, subject only to minor variations in paper stock, color, fonts, duplexing and positioning.

08PEGPA is a flexible premium deferred annuity. Each premium deposit is subject to minimum and maximum limitations. The contractual annuity values accrue at fixed interest rates for set periods of time known as Guarantee Periods. Such guarantee period options are administered on a non-discriminatory basis.

The Guaranteed Minimum Interest Rate Endorsement, 03GIRE1-3, approved in your jurisdiction on 7/15/2005 will be used with 08PEGPA.

An actuarial memorandum is attached for your review.

Previously and subsequently approved endorsements and riders may be available with these contracts.

Any requisite fees and all required documents have been remitted. A certification indicating the Flesh Reading Ease score signed by the Company's State Compliance Officer is attached. The Company's domiciliary state of Massachusetts charges \$75.00 for this filing.

Your attention to this submission is appreciated. If you have any concerns regarding any of the attached materials, please do not hesitate to contact us.

Sincerely,

John L. Severini
Senior Compliance Analyst

SERFF Tracking Number: MALF-125636399 State: Arkansas
 Filing Company: John Hancock Life Insurance Company State Tracking Number: 39327
 Company Tracking Number: 08PEGPA
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: Fixed Deferred Annuity
 Project Name/Number: /

Company and Contact

Filing Contact Information

John Severini, Compliance Specialist jseverini@jhancock.com
 601 Congress St. (617) 663-4712 [Phone]
 Boston, MA 02210-2805 (617) 663-2995[FAX]

Filing Company Information

John Hancock Life Insurance Company CoCode: 65099 State of Domicile: Massachusetts
 601 Congress St. Group Code: Company Type: Life
 Boston, MA 02210-2805 Group Name: State ID Number:
 (617) 663-3000 ext. [Phone] FEIN Number: 04-1414660

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company	\$75.00	06/17/2008	20936971

SERFF Tracking Number: MALF-125636399 State: Arkansas
Filing Company: John Hancock Life Insurance Company State Tracking Number: 39327
Company Tracking Number: 08PEGPA
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Fixed Deferred Annuity
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/23/2008	06/23/2008

SERFF Tracking Number: MALF-125636399 *State:* Arkansas
Filing Company: John Hancock Life Insurance Company *State Tracking Number:* 39327
Company Tracking Number: 08PEGPA
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: Fixed Deferred Annuity
Project Name/Number: /

Disposition

Disposition Date: 06/23/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MALF-125636399 State: Arkansas
 Filing Company: John Hancock Life Insurance Company State Tracking Number: 39327
 Company Tracking Number: 08PEGPA
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Fixed Deferred Annuity
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability		Yes
Form	Fixed Deferred Annuity		Yes
Form	Application		Yes
Form	Specifications Page		Yes

SERFF Tracking Number: MALF-125636399 State: Arkansas
 Filing Company: John Hancock Life Insurance Company State Tracking Number: 39327
 Company Tracking Number: 08PEGPA
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Fixed Deferred Annuity
 Project Name/Number: /

Form Schedule

Lead Form Number: 08PEGPA

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	08PEGPA	Policy/Cont	Fixed Deferred ract/Fratern Annuity al Certificate	Initial		50	08PEGPA.pdf
	156- PEGPA-08	Application/	Application Enrollment Form	Initial		50	156-PEGPA- 08 (Numbered).p df
	SPEC- PE08	Data/Declar	Specifications Page ation Pages	Initial		0	SPEC- PE08.pdf

JOHN HANCOCK LIFE INSURANCE COMPANY

[601 Congress Street
Boston, Massachusetts 02210-2805]¹

INDIVIDUAL ANNUITY

John Hancock Life Insurance Company ("the Company") will provide the benefits stated in this contract. We are issuing this contract in consideration of our receipt of the application, if any, and the initial premium at our Servicing Office. The provisions on this and the following pages and any attachments make up your contract.

If the contract is in force on the Date of Maturity, we will begin to pay an annuity to the Annuitant unless otherwise directed by the Owner. Each annuity payment will be determined in accordance with the provisions of Section 10. Subject to the terms and restrictions specified in Section 10, annuity payments may be payable to the Annuitant beginning on the Date of Maturity for a guaranteed period of 10 years and as long thereafter as the Annuitant lives.

See Section 8 for Death Benefit information.

By written notice, the Owner may change the Date of Maturity at any time, provided the Date elected is: (i) not later than the Annuitant's 95th birthday without our prior approval; (ii) at least 31 days after the written notice; and (iii) at least six months after the Effective Date. If no other election is made, the Date of Maturity will be as shown in the Specifications section of this contract or in the application.

15 Day Right to Cancel - This contract may be returned by delivering or mailing it within 15 days after its receipt to the Company's Servicing Office, or to the agent or agency office through which it was delivered. Immediately upon our receipt of this contract, this contract will be treated as void from the beginning. All premiums received less any withdrawals will then be refunded within 15 days.

This contract is a legal contract between the Owner and John Hancock Life Insurance Company. **PLEASE READ YOUR CONTRACT CAREFULLY.**

Signed for the Company at Boston, Massachusetts.

President

Secretary

Flexible Premium Deferred Annuity

Non-Participating - not eligible for dividends

Amounts withdrawn under this contract may be subject to a Withdrawal Charge

John Hancock Servicing Office

[John Hancock Annuities Service Center²
P.O. Box 9507
Portsmouth, NH 03802-9507
1-800-824-0335]

TABLE OF CONTENTS

Numerical Guide

Section	Provision
1.	Definitions
2.	The Owner(s) and The Beneficiary(ies)
3.	The Contract
4.	Premium
5.	Withdrawals
6.	Withdrawal Charge
7.	Surrender Provision
8.	Death Benefit
9.	Converting the Contract Value to Annuity Payments
10.	Annuity Payments
11.	Minimum Monthly Annuity Payment Rates
12.	Assignment
13.	Proof Required for Payment
14.	Misstatements
15.	Claims of Creditors
16.	Annual Statement

1. DEFINITIONS

The following terms are commonly used throughout this annuity contract.

The term "**Annuitant**" means the person (or persons) upon whose life (or lives) this contract is issued. The individual(s) will be designated as such in this contract.

The term "**Contract Value**" is defined in Section 4.

The term "**Contract Year**" means the 12-month period following the Effective Date and each 12-month period thereafter.

The term "**Date of Maturity**" is defined in Section 9.

The term "**Effective Date**" means the date designated as such for this contract, and the date from which the initial Guarantee Period for the initial premium is measured.

The term "**Guarantee Period**" means the period within which a credited interest rate applies. The "**Initial Guarantee Period**" is as shown in the Specifications section of this contract or in the application, which begins on the Effective Date. The "**Subsequent Guarantee Period**" means the period(s) within which a credited interest rate applies following any subsequent premium payment. A "**Renewal Guarantee Period**" is for one year, unless otherwise permitted by our administrative rules and applies to the portion of the Contract Value associated with an expiring Guarantee Period.

The term "**in force**" means neither the Surrender Value nor the Death Benefit of this contract has become payable in accordance with Sections 7 and 8 respectively.

The term "**Measuring Person**" means the person on whose life annuity payments will be based.

The term "**Surrender Date**" means the date we receive written notice from you requesting payment of the Surrender Value.

The term "**Surrender Value**" means, on any given date, the Contract Value less, if applicable, any income taxes withheld any deduction for premium taxes or similar taxes and any Withdrawal Charge.

The terms "**we**", "**us**", and "**our**" refer to the Company.

The term "**Withdrawal**" means the amount deducted from the Contract Value pursuant to Section 5. A "Withdrawal" equals the sum of (i) the amount paid to you upon your request under Section 5, (ii) any required income tax withholding amount, (iii) any deduction for premium or similar taxes pursuant to Section 4 and (iv) any Withdrawal Charge as set forth in Section 6.

The term "**written notice**" means, unless otherwise stated, a notice in writing which is received at our Servicing Office.

The terms "**you**" and "**your**" refer to the Owner of this contract or the joint Owners of this contract if a joint Owner is named. If there are joint Owners, both must jointly exercise all rights and privileges under this contract. In addition, the reference to "Owner" in the last paragraph (including subparagraphs (i) and (ii)) of Section 8 shall refer to each joint Owner individually.

2. THE OWNER(S) AND THE BENEFICIARY(IES)

The "Owner" is the person who has the sole and absolute power to exercise all rights and privileges without the consent of any other person except as otherwise provided by this contract or unless you provide otherwise by written notice.

The "Beneficiary" is the person who receives death benefits under this contract. If there is no surviving Beneficiary when the Death Benefit becomes payable in accordance with Section 8, the owner will be the Beneficiary. If the owner is not living, then the owner's estate will be the Beneficiary.

The Owner(s) and the Beneficiary will be as shown in the contract unless you change them or they are changed by the terms of this section.

While this contract is in force, you may change the Owner and Beneficiary by written notice. A change will take effect when the notice is received and filed at our Servicing Office, whether or not an Owner or Annuitant is then alive. A change shall be subject to the rights of any assignee of record with us and subject to any payment made or other action taken by us before we received and filed the notice.

JOINT OWNERS: If joint Owners are named in the contract, each joint Owner will be considered the primary Beneficiary of the other joint Owner. Should another person or entity be designated as Beneficiary, such Beneficiary will be deemed a contingent Beneficiary for all Owners with rights subordinate to the rights of each joint Owner. Signatures of all joint Owners are required for the exercise of Owner rights that require written notification.

3. THE CONTRACT

This contract is an agreement between the Owner(s) and the Company. The entire contract consists of this contract, any riders and any attachments to the contract. Any cash surrender benefit, or death benefit provided under this contract is not less than that required by the law of the state in which the contract is delivered.

Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has authority to waive or modify any of the provisions of this contract.

4. PREMIUM

Premium Payments

All premium payments will be made to us at our Servicing Office. This contract will not be effective until the initial premium is paid. Each payment must be at least \$[500]³, except the initial payment, which must be at least \$[10,000]⁴. The total of all premium payments may not exceed \$1,000,000 without our approval. The maximum premium that may be deposited to this contract after the first Contract Year is 200% of the sum of all premium payments received in the first Contract Year. Premium payments may be made only until the end of the tenth contract year or until the Annuitant's 91st birthday, if sooner.

Upon request, we will consider waiving the above limits.

A charge for premium taxes or a similar tax, if any, will be deducted from the Contract Value if and when such tax is incurred by us.

The Guaranteed Minimum Interest Rate is as specified in the attached Guaranteed Minimum Interest Rate endorsement.

Guarantee Periods

We will determine which Guarantee Period(s) will be made available. You may select from any of the available Guarantee Periods that we are currently offering. We reserve the right to change the number of available Guarantee Periods at any given time. The initial Guarantee Period is as shown in the Specifications section of this contract or in the application. The interest rate credited to the initial premium during the initial Guarantee Period will be based upon our declared initial rate then in effect for the selected Guarantee Period. That rate will apply throughout the Guarantee Period for that premium, unless an additional interest rate credit is in effect during any year or years in such initial Guarantee Period.

Any subsequent premium payments will initiate separately administered Guarantee Periods for each payment. The credited interest rate for each new Guarantee Period will be the rate applicable to the Guarantee Period in effect when that payment is applied by our servicing office. All Subsequent Guarantee Periods will be for the same duration of the Initial Guarantee Period.

Upon expiry of any Guarantee Period, unless otherwise permitted by our administrative rules, the Contract Value associated with that period will renew in a one-year Guarantee Period. The interest rate credited to a premium on any given day during any renewal Guarantee Period will be based upon our declared renewal rate then in effect.

Contract Value

While the contract is in force, and prior to the Date of Maturity, the Contract Value is the sum of all premiums plus earned interest, less any Withdrawals and any applicable deduction for rider charges, if any, premium taxes or similar taxes.

5. WITHDRAWALS

You may make a Withdrawal of less than the Surrender Value provided that the Withdrawal is \$250 or more and the Contract Value after the Withdrawal is \$1,000 or more. Upon request, we will consider waiving these limits.

We must receive written notice requesting a withdrawal from the Owner while the contract is in force and before the Date of Maturity. The amount of the Withdrawal will be deducted from your premiums and earned interest in the order that they were credited. For this purpose, interest on each premium will be treated as if credited on the same day as, but immediately prior to, the premium payment.

We may defer payment of the Withdrawal in the same manner as the payment of the Surrender Value as described in Section 7.

On any Withdrawal, tax withholding and/or an IRS early withdrawal tax penalty may still apply. Please consult your tax advisor before any withdrawal.

6. WITHDRAWAL CHARGE

You may make Withdrawals of an amount not to exceed 10% of the Contract Value as of the date of the first Withdrawal during each contract year without incurring an Withdrawal Charge. If the total of the Withdrawals made during a contract year is more than this amount, then the excess will be subject to a Withdrawal Charge. The Withdrawal Charge is assessed from the time of each premium payment to the date of the Withdrawal. The Withdrawal Charge (expressed as a percentage of the amount subject to the charge) is as shown in the Contract Specifications.

For purposes of this Section 6, a Withdrawal will be deemed to have been "made" on the date we receive written notice. In the event a Waiver of Withdrawal Charge endorsement or rider is issued with this contract, you may also have access to (i) information for you or a member of your family, regarding long-term care needs and questions, either directly or through a third party arrangement, and (ii) assistance that may help you identify various long term care service agencies available in your community.

The total of all withdrawal charges made against this contract will never exceed the total interest credited.

7. SURRENDER PROVISION

Upon receipt of written notice from you while the contract is in force, and before the Date of Maturity, we will pay the Surrender Value. Surrender of the contract will be treated as a Withdrawal under Section 5 for purposes of calculating a Withdrawal Charge.

The Surrender Value will be determined and payable by us as of the date we receive the written notice. We may defer payment of a Surrender Value for a period of six months, provided the deferral has been approved in writing, where required, by the insurance department. If we defer payment for more than 29 days, we will pay interest on the Surrender Value at a rate not less than the required by law.

8. DEATH BENEFIT

Upon receipt of due proof of death and any other required materials that we need to pay the Death Benefit, we will pay a Death Benefit to the Beneficiary for deaths that occur before the Date of Maturity and before the Surrender Date, in accordance with the following table. The table applies when the Owner is a natural person or persons and the spouse of the Owner is not the sole designated Beneficiary.

If this contract has:	Then the Death Benefit will be payable upon:
<ul style="list-style-type: none">• A single Owner and• A single Annuitant	<ul style="list-style-type: none">• The earlier of the Owner's death and the Annuitant's death
<ul style="list-style-type: none">• Joint Owners and• A single Annuitant	<ul style="list-style-type: none">• The first death among the Owners and the Annuitant
<ul style="list-style-type: none">• A single Owner and• Joint Annuitants	<ul style="list-style-type: none">• The earliest of the Owner's death (whether or not an Annuitant) and the last Annuitant's death
<ul style="list-style-type: none">• Joint Owners and• Joint Annuitants	<ul style="list-style-type: none">• The earliest of the first Owner's death (whether or not an Annuitant) and the last Annuitant's death

If the Owner is not a natural person or persons, we will deem the death of an Annuitant as the death of the Owner. Under such circumstances, the Death Benefit will be payable upon death of the last Annuitant.

The Death Benefit is the Contract Value as of the date of death.

We will pay the proceeds in a single payment, unless otherwise directed by you. If we defer payment for more than 30 days, we will pay interest on the proceeds at a rate not less than that required by law, measured from the date we have received proof of death satisfactory to us to the date of payment.

We will permit the Owner to select the Death Benefit option(s) offered on behalf of named Beneficiary, if the Owner provides written notice to the Company prior to death and the desired option(s) is one provided for in this Contract.

As an alternative to a single payment of the Death Benefit, a Contract Value of \$5,000 or more may be converted to annuity payments subject to Sections 9 and 10. If the Death Benefit is used to provide annuity payments, then: (i) the Beneficiary is the Measuring Person; and (ii) unless the Beneficiary instructs otherwise, the Beneficiary is the Payee.

Notwithstanding the above table in this Section 8, the following will apply upon the death of the Owner, or in the case of Joint Owners, upon the death of the first Owner, if the Contract Value has not already been converted into an annuity:

- (i) If the sole designated Beneficiary is the spouse of the Owner, then such Beneficiary may continue this contract as Owner.

- (ii) If the spouse of the Owner is not the sole designated Beneficiary, or if such spouse does not choose to continue this contract, we will pay the Death Benefit in full to the Beneficiary within 5 years of the Owner's death or apply the Contract Value in full towards the purchase of a life annuity on the Beneficiary with payments beginning not later than the end of the following calendar year after the Owner's death.

Also, for a non-spouse Beneficiary, if an Owner dies before the Contract Value has been converted into an annuity, the Contract Value must be paid out:

- (i) Within five years after the date of death,
- (ii) Or in a series of payments not extending beyond the Beneficiary's life expectancy and beginning within one year after the date of death.

9. CONVERTING THE CONTRACT VALUE TO ANNUITY PAYMENTS

You elect the Date of Maturity. By written notice, the Owner may elect to change the Date of Maturity at any time before the Date of Maturity has been reached. The new Date of Maturity must be: (i) no later than the Annuitant's 95th birthday, unless our prior approval has been obtained; (ii) at least 31 days after our receipt of the written notice; and (iii) at least six months after the date the initial premium was applied to this contract. If no other election is made, the Date of Maturity will be as indicated in the Specifications section of this contract or in the application.

On the Date of Maturity or other date elected to begin annuity payments, we will convert the Contract Value into annuity payments.

We will determine the annuity payments by: (i) dividing the Contract Value by \$1,000; and (ii) multiplying the result by the annuity payment rate then in effect for the option elected.

If the annuity payments are made monthly, the annuity payment rate is guaranteed to be at least that provided in the Minimum Monthly Annuity Payment Rates Table in Section 11.

10. ANNUITY PAYMENTS

We shall make the annuity payments provided on the first page of this contract automatically as a Life Annuity with Payments for a guaranteed duration of 10 Years in accordance with the provisions of option a below, unless another option is elected. Only a Contract Value of \$5,000 or more may be applied to one of the annuity payment options offered. If the amount of the first annuity payment would be less than our minimum requirements then in effect, we may make a single payment on the date the first payment is payable. This single payment is in place of all other benefits provided by this contract.

The following annuity payment options are available under this contract:

- a. Life Annuity with a Guaranteed Period of 5, 10, or 20 Years. Under this option we will make payments for the guaranteed period elected, and as long thereafter as the Measuring Person lives.
- b. Life Annuity. Under this option, we will make payments throughout the lifetime of the Measuring Person. No further payments will be made after the death of the Measuring Person.
- c. A single sum or any other option which we may make available.

You may choose an option by written notice before the Date of Maturity.

The "Life Annuity" and the "Life Annuity with a Guaranteed Period of 5 Years" payment options are not available without our prior approval if the Measuring Person is older than age 85.

While the Annuitant is living: (i) the Annuitant is the Measuring Person, and (ii) unless the Owner instructs otherwise, the Annuitant is the Payee, and the Beneficiary will be the Contingent Payee. If Joint Annuitants are designated in this contract, then for purposes of this section 10, "Annuitant" shall be the youngest surviving Annuitant.

If the Owner dies on or after annuity payments have begun, any remaining benefit under such annuity on the date of the Owner's death must be paid out at least as rapidly as under the method of making annuity payments then in effect.

When annuity payments begin, we will issue a supplementary agreement for the annuity option elected.

11. MINIMUM MONTHLY ANNUITY PAYMENT RATES

The rates shown below are guaranteed minimum rates. The actual rates that we will apply will be the greater of these guaranteed minimum rates and the current rates in effect at the time annuity payments begin. Information regarding our current rates will be available to any Owner upon request.

MONTHLY ANNUITY PAYMENT RATE TABLE

Age of Measuring Person on Birthday Nearest Date of First Payment	Life Annuity with Guaranteed Period			
	<u>5 Years</u>	<u>10 Years</u>	<u>20 Years</u>	<u>Life Annuity</u>
55	3.07	3.05	3.00	3.07
56	3.14	3.13	3.07	3.14
57	3.21	3.20	3.13	3.22
58	3.29	3.28	3.20	3.30
59	3.38	3.36	3.27	3.39
60	3.47	3.45	3.34	3.48
61	3.57	3.54	3.42	3.58
62	3.67	3.64	3.50	3.58
63	3.78	3.74	3.58	3.79
64	3.89	3.85	3.66	3.91
65	4.02	3.97	3.74	4.03
66	4.15	4.09	3.83	4.17
67	4.29	4.22	3.91	4.31
68	4.44	4.36	4.00	4.46
69	4.60	4.50	4.08	4.63
70	4.78	4.66	4.17	4.81
71	4.96	4.82	4.25	5.00
72	5.16	4.99	4.32	5.21
73	5.38	5.17	4.40	5.44
74	5.61	5.36	4.47	5.69
75	5.83	5.56	4.53	5.95
76	6.13	5.76	4.59	6.24
77	6.41	5.97	4.64	6.55
78	6.71	6.18	4.69	6.89
79	7.03	6.40	4.73	7.25
80	7.38	6.62	4.77	7.65
81	7.74	6.83	4.80	8.08
82	8.13	7.04	4.82	8.55
83	8.54	7.25	4.84	9.06
84	8.97	7.45	4.86	9.61
85	9.41	7.63	4.87	10.21
86	9.87	7.80	4.88	10.86
87	10.33	7.96	4.89	11.57
88	10.80	8.10	4.90	12.32
89	11.26	8.23	4.90	13.12
90	11.71	8.35	4.91	13.96
91	12.15	8.45	4.91	14.84
92	12.57	8.54	4.91	15.75
93	12.97	8.62	4.91	16.69
94	13.35	8.69	4.91	17.66
95 and over	13.73	8.75	4.91	18.67

These rates are based on the Annuity 2000 mortality table for Females projected for improvement using projection scale G. Interest is at an annual effective rate of 1.5%.

12. ASSIGNMENT

You may assign your interest in this contract except as otherwise provided, without the consent of any person other than an irrevocable Beneficiary.

We will not be on notice of any assignment unless it is in writing; nor will we be on notice until a duplicate of the original assignment has been filed at our Servicing Office. The assignment will be subject to payments made or actions taken by the Company before the change was recorded. We assume no responsibility for the validity or sufficiency of any assignment.

If this contract is issued in a tax qualified plan, this contract is subject to assignment restrictions for Federal Income Tax purposes. In such event, this contract shall not be sold, assigned, discounted, or pledged as collateral for a loan or as security for the performance of an obligation or for any other purpose, to any person other than us.

13. PROOF REQUIRED FOR PAYMENT

Before making the first annuity payment, we shall have the right to require proof of the correct age of the Measuring Person. We shall also have the right to require proof that the Measuring Person is living on the date each annuity payment is due.

14. MISSTATEMENTS

If the age or sex of the Measuring Person has been misstated, we will adjust the amount of each annuity payment to reflect the correct age and sex. Any overpayment will be repaid to us, and interest at a rate not to exceed six percent may be applied. If it is not repaid, we will deduct such amount from future payments we make under this contract. Any underpayment will be added to future payments we make under the contract. We will pay interest on any underpayment at a rate not to exceed six percent.

15. CLAIMS OF CREDITORS

The Contract Value and all payments under this contract will be exempt from the claims of creditors to the extent permitted by law. With respect to claims of creditors, the proceeds and payments may not be assigned or withdrawn before becoming payable without our agreement.

16. ANNUAL STATEMENT

We will furnish you with a statement of the value of this contract. The statement will be furnished annually (or more frequently if required by law). Upon your request, notice of current or other values will be furnished.

Communications about this annuity contract may be sent to the Company at its Servicing Office.

Flexible Premium Deferred Annuity

Non-Participating - not eligible for dividends

Amounts withdrawn under this contract may be subject to a Withdrawal Charge



①

John Hancock Life Insurance Company
 Annuity New Business, 164 Corporate Drive, Portsmouth, NH 03801-6815
 Telephone Number: 1-800-334-4437

②

Next Generation
 Fixed Deferred Annuity

1. CONTRACT/ CERTIFICATE #				
2. PREMIUM	PREMIUM \$			
3. ANNUITANT	NAME			
	STREET	CITY	STATE ZIP	
	DATE OF BIRTH ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	SSN #/TIN # ____-____-____	
4. OWNER (IF OTHER THAN ANNUITANT)	NAME			
	STREET	CITY	STATE ZIP	
	DATE OF BIRTH ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	SSN #/TIN # ____-____-____	
5. JOINT OWNER (IF APPLICABLE, DOES NOT APPLY TO QUALIFIED CONTRACTS)	NAME			
	STREET	CITY	STATE ZIP	
	DATE OF BIRTH ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	SSN #/TIN # ____-____-____	
6. BENEFICIARY	Beneficiary will be the Owner's estate if left blank			
	PRIMARY BENEFICIARY NAME	CONTINGENT BENEFICIARY NAME (OPTIONAL)		
	RELATIONSHIP	RELATIONSHIP		
7. TYPE OF ANNUITY	PLAN TYPE: <input type="checkbox"/> Qualified <input type="checkbox"/> NonQualified	TAX QUALIFIED PLANS: <input type="checkbox"/> IRA _____ (Tax Year) <input type="checkbox"/> Roth IRA _____ (Tax Year) <input type="checkbox"/> IRA Rollover <input type="checkbox"/> IRA Transfer <input type="checkbox"/> Other _____		
8. WITHDRAWAL CHARGE SCHEDULE AND GUARANTEE PERIOD	Check One Box			
	5-Year Withdrawal Charge Schedule:	<input type="checkbox"/> 1-Year <input type="checkbox"/> 3-Years <input type="checkbox"/> 5-Years	③	
	6-Year Withdrawal Charge Schedule:	<input type="checkbox"/> 1-Year <input type="checkbox"/> 3-Years <input type="checkbox"/> 6-Years		
7-Year Withdrawal Charge Schedule:	<input type="checkbox"/> 1-Year <input type="checkbox"/> 3-Years <input type="checkbox"/> 5-Years <input checked="" type="checkbox"/> 7-Years			
9. REPLACEMENT INFORMATION	Does the Annuitant or Applicant have any existing annuities or insurance contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Will the purchase of this annuity replace or change any other insurance or annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. RIDERS	<input type="checkbox"/> CARESolutions Plus (not approved in: CT, FL, KS, MA, MN, NC, NY, OR, PA, UT, VA & WA)			
11. SPECIAL REQUESTS				
12. SIGNATURES/ACKNOWLEDGMENTS	THE INFORMATION HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT UNLESS I/WE ELECT OTHERWISE, THE MATURITY DATE WILL BE ANNUITANT'S 95th BIRTHDAY. ALTERNATE MATURITY DATE: _____ FOR FL APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. FOR ME, TN, VA, WA APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.			
	OWNER'S SIGNATURE	JOINT OWNER'S SIGNATURE, IF ANY		
	SIGNED AT STATE: <input type="checkbox"/> <input type="checkbox"/>			
	STATEMENT OF AGENT: Will this contract/certificate replace or change any existing life insurance or annuity in this or any other company? <input type="checkbox"/> YES <input type="checkbox"/> NO I certify that I am authorized and qualified to discuss the contract herein applied for.			
	SIGNATURE OF AGENT	AGENT NUMBER	AGENT PHONE NUMBER OR EMAIL	
	NAME OF FIRM	AGENT SSN#	AGENT LICENSE NUMBER	

STATE DISCLOSURES	<p>For Applicants in all states except: AK, AZ, CO, DE, DC, FL, ID, IN, KY, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, WA. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> <p>For AK Applicants: A person who knowingly and with intent to injure, fraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.</p> <p>For AZ Applicants: On written request, the Company is required to provide to you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within 10 days, or WITHIN 30 DAYS IF YOU ARE 65 YEARS OF AGE OR OLDER ON THE DATE OF APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.</p> <p>For CO Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p> <p>For DE, ID, IN, OK Applicants: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.</p> <p>For DC Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment, and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.</p> <p>For KY, NE, PA Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p> <p>For NJ Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p>For NM Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an applicant for insurance is guilty of a crime any may be subject to civil fines and criminal penalties.</p> <p>For OH Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p> <p>For OR Applicants: Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.</p> <p>For CT & NJ Residents ONLY: All declarative portions of this application are to the best of my/our knowledge and belief. 4</p> <p>Military Sales: This product is not intended to be sold to active duty service members on military installations.</p>
CARE SOLUTIONS PLUS RESTRICTIONS	<p>The rider is not available if you are currently:</p> <ul style="list-style-type: none"> • Residing in a nursing home, assisted care living or other custodial facilities (or you have been or are planning to enter a facility) • Receiving home health care or attending adult day care • Requiring human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence, or bathing • Using a wheelchair, walker, hospital bed, quad cane, oxygen, stair lift, or receiving dialysis • Receiving social security disability benefits <p>In addition, CARE Solutions Plus is not available if you purchased another annuity value enhancement rider through John Hancock Life Insurance Company, John Hancock Variable Life Insurance Company or any affiliated companies. CARE Solutions Plus may also be referred to as the annuity value enhancement rider.</p>

CONTRACT/CERTIFICATE SPECIFICATIONS

Annuity Contract/Certificate Number [BK99999999]¹

Effective Date [JANUARY 01, 2008]²

Date of Maturity [August 24, 2052]³

CONTRACT/CERTIFICATE OWNER(S) AT ISSUE [John Doe]⁴

ANNUITANT [John Doe]⁵

[JOINT ANNUITANT] [Jane Doe]⁶

ISSUE AGE [45]⁷

EARLY WITHDRAWAL CHARGES:

<u>Time from Receipt of each Premium Payment to Date of Withdrawal</u>	<u>Charges</u>
⁸ [Less than 1 year	8%
At least 1 year but less than 2 years	8%
At least 2 years but less than 3 years	7%
At least 3 years but less than 4 years	7%
At least 4 years but less than 5 years	6%
5 or more years	0%
or	
Less than 1 year	8%
At least 1 year but less than 2 years	8%
At least 2 years but less than 3 years	7%
At least 3 years but less than 4 years	7%
At least 4 years but less than 5 years	6%
At least 5 years but less than 6 years	5%
6 or more years	0%
or	
Less than 1 year	8%
At least 1 year but less than 2 years	8%
At least 2 years but less than 3 years	7%
At least 3 years but less than 4 years	7%
At least 4 years but less than 5 years	6%
At least 5 years but less than 6 years	5%
At least 6 years but less than 7 years	4%
7 or more years	0%]

Source of Funds	[Qualified/Non Qualified] ⁹
Initial Premium	[\$25,000.00] ¹⁰
[Payment Enhancement Dollars which is treated as earned interest	\$1,000.00] ¹¹
[Payment Enhancement expressed as a percentage of initial premium	1%] ¹²
Initial Guarantee Period	[3 Years] ¹³
Initial Guarantee Period Interest Rate	[2.000%] ¹⁴
Guaranteed Minimum Interest Rate	[1.000%] ¹⁵
Renewal Guarantee Period	[1 Year] ¹⁶

¹⁷[RIDERS ELECTED

ANNUAL RIDER CHARGE

]

SERFF Tracking Number: MALF-125636399 *State:* Arkansas
Filing Company: John Hancock Life Insurance Company *State Tracking Number:* 39327
Company Tracking Number: 08PEGPA
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: Fixed Deferred Annuity
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MALF-125636399 State: Arkansas
Filing Company: John Hancock Life Insurance Company State Tracking Number: 39327
Company Tracking Number: 08PEGPA
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Fixed Deferred Annuity
Project Name/Number: /

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 05/06/2008
Comments:
Attachment:
Compliance Certification.pdf

Review Status:
Satisfied -Name: Statements of Variability 06/17/2008
Comments:
Attachments:
Statement of Variability for 156-PEGPA-08.pdf
Statement of Variability for Contract 08PEGPA.pdf
Statement of Variability for SPEC-PE08.pdf

Compliance Certification

This is to certify that the attached John Hancock Life Insurance Company forms, as listed below, have the following Flesch Readability scores, and comply with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

FORM NUMBER

FLESCH SCORE

08PEGPA

50.3

156-PEGPA-08

50.3

SPEC-PE08

NA

I also certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws, rules and regulations of the State of Arkansas.



Signature of Officer of the Company

Name: John C. Penney, Jr.
Title: State Compliance Officer
Date: 6/17/2008

Statement of Variability for Application: 156-PEGPA-08

NOTE: Variable material is denoted by bracketing on form

<u>Variable</u>	<u>Explanation</u>
1	The address and telephone number of the annuity servicing office will appear.
2	Marketing Name of the product
3	Initial Guarantee Period is chosen by the Contract Owner. Minimum - 1 Year; Maximum - 7 Year. Also, Withdrawal charge schedule will never be more than 7 years, nor more than 8%.
4	State Disclosures

Statement of Variability for Contract: 08PEGPA

NOTE: Variable material is denoted by bracketing on form

<u>Variable</u>	<u>Explanation</u>
1	Home address of Company
2	The address and telephone number of the annuity servicing office will appear.
3	Subsequent premium payment minimum is \$500 and the maximum is \$1,000,000.
4	Initial premium payment minimum is \$2000 and the maximum is \$1,000,000.

Statement of Variability for Specification Page: SPEC-PE08

NOTE: Variable material is denoted by bracketing on form

<u>Variable</u>	<u>Explanation</u>
1	Annuity Contract/Certificate Number is specific to each contract/certificate issued.
2	Effective Date is specific to each contract/certificate issued.
3	Date of Maturity is specific to each contract/certificate issued.
4	Contract/Certificate Owner(s) is specific to contract/certificate issued.
5	Annuitant is specific to contract/certificate issued.
6	Joint Annuitant is specific to contract/certificate issued. Joint Annuitant will appear only if applicable.
7	Age of annuitant at issue; this age range will be 0-105. With respect to maximum issue age, we will be applying a strict internal suitability standard (along with any external standard that may apply).
8	Withdrawal charge tables, will never be more than 7 years, nor more than 8%
9	Source of funds
10	The Initial Premium specific to the contract will appear. Minimum initial premium is \$2,000 and the maximum is \$1,000,000.
11	For Payment Enhancement, the Company credits the contract/certificate an amount equal to a percentage of premium submitted and this payment is treated as immediate earnings. This payment enhancement may or may not be available based on market conditions and will be administered on a non-discriminatory basis.
12	Payment Enhancement expressed as a percentage. This payment enhancement may or may not be available based on market conditions and will be administered on a non-discriminatory basis.
13	Initial Guarantee Period is chosen by the Contract Owner on the application. Minimum - 1 Year; Maximum - 7Years
14	Initial Guarantee Period Interest Rate
15	The Guaranteed Minimum Interest Rate for the lifetime of the contract is determined by the Company on a non-discriminatory basis. Minimum – 1%; Maximum – 3%

16	Renewal Guarantee Period is one year unless otherwise permitted
17	In the event any optional rider is approved by the department, selection of such rider will be indicated in this section.