

SERFF Tracking Number: MULF-125758816 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 39845
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Merger Filing
Project Name/Number: Merger filing/

Filing at a Glance

Company: John Hancock Life Insurance Company (USA)

Product Name: Merger Filing

SERFF Tr Num: MULF-125758816 State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 39845

Sub-TOI: LTC03I.001 Qualified

Co Tr Num:

State Status: Waiting Industry
Response

Filing Type: Form

Co Status:

Reviewer(s): Marie Bennett, Harris
Shearer

Author: Glenn Daly

Disposition Date: 08/28/2008

Date Submitted: 08/05/2008

Disposition Status: Approved-
Closed

Implementation Date Requested: 12/31/2008

Implementation Date:

State Filing Description:

General Information

Project Name: Merger filing

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: 08/28/2008

Deemer Date:

State Status Changed: 08/22/2008

Corresponding Filing Tracking Number:

Filing Description:

We enclose copies of the forms listed above for your review and approval. A description of these forms is found below. These forms are new and will replace any prior versions that we currently have on file with your Department.

The forms reflect John Hancock's intention to merge John Hancock Life Insurance Company and John Hancock Variable Life Insurance Company into an existing company, John Hancock Life Insurance Company (U.S.A.). The

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This submission is being filed simultaneously in all 50 states and the District of Columbia. This company is domiciled in Michigan which does not impose a filing fee on forms.

The following items are included:

- this cover letter
- a name-change endorsement for applicable in-force contracts
- a list of currently-marketed forms
- \$40.00 filing fee.

Company and Contact

Filing Contact Information

Glenn Daly, Sr. Contact Consultant gdaly@jhancock.com
 200 Berkeley Street (888) 877-6075 [Phone]
 Boston, MA 02117 (617) 572-0399[FAX]

Filing Company Information

John Hancock Life Insurance Company (USA) CoCode: 65838 State of Domicile: Michigan
 200 Berkeley Street Group Code: Company Type:
 Boston, MA 02176 Group Name: State ID Number:
 (617) 572-6000 ext. [Phone] FEIN Number: 01-0233346

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: 2 endorsements x \$20.00 = \$40.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (USA)	\$40.00	08/05/2008	21788073

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Harris Shearer	08/28/2008	08/28/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Marie Bennett	08/22/2008	08/22/2008	Glenn Daly	08/25/2008	08/25/2008

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Disposition

Disposition Date: 08/28/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MULF-125758816 State: Arkansas
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 Company Tracking Number:
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Merger Filing
 Project Name/Number: Merger filing/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Filed	Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Long-Term Care Certified List	Filed	Yes
Supporting Document	Fixed Annuity Products - Certified List	Filed	Yes
Supporting Document	Group Health - Certified List	Filed-Closed	Yes
Form	Merger Endorsement	Approved-Closed	Yes
Form	Merger Endorsement	Withdrawn	No
Form	Merger Endorsement	Approved-Closed	Yes

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Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Merger Filing
Project Name/Number: Merger filing/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/22/2008
Submitted Date 08/22/2008
Respond By Date 09/23/2008

Dear Glenn Daly,

This will acknowledge receipt of the captioned filing.

Objection 1

- Merger Endorsement (Form)

Comment: THE ENDORSEMENT ATTACHED TO THIS SEGMENT IS EndJHL09, PLEASE ATTACH EndJHV09 FOR REVIEW.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/25/2008
Submitted Date 08/25/2008

Dear Harris Shearer,

Comments:

Response 1

Comments: I regret that an endorsement was added twice. Attached is the correct version for EndJHV09.

Regards,

Glenn Daly

Related Objection 1

Applies To:

- Merger Endorsement (Form)

Comment:

SERFF Tracking Number: MULF-125758816 State: Arkansas
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 Product Name: Merger Filing
 Project Name/Number: Merger filing/

THE ENDORSEMENT ATTACHED TO THIS SEGMENT IS EndJHL09, PLEASE ATTACH EndJHV09 FOR REVIEW.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Merger Endorsement	EndJHV09		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		40	ENDJHV09.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Glenn Daly

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 Product Name: Merger Filing
 Project Name/Number: Merger filing/

Form Schedule

Lead Form Number: ENDJHL09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	ENDJHL09	Certificate	Merger Endorsement Initial	Initial		40	ENDJHL09.pdf
		Amendment, Insert					
		Page, Endorsement or Rider					
Approved-Closed	EndJHV09	Certificate	Merger Endorsement Initial	Initial		40	ENDJHV09.pdf
		Amendment, Insert					
		Page, Endorsement or Rider					

John Hancock Life Insurance Company (U.S.A.)

ENDORSEMENT

As a result of the merger of John Hancock Life Insurance Company into John Hancock Life Insurance Company (U.S.A.), this Endorsement attaches to and forms part of Your Contract, Policy or Certificate, and amends it as follows:

- All references to the name John Hancock Life Insurance Company are changed to John Hancock Life Insurance Company (U.S.A.).
- Any references to Boston, Massachusetts as the statutory home office are changed to Bloomfield Hills, Michigan. This does not affect the location of executive, administrative or service offices.

Signed for the Company on December 31, 2008:

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

By:

PRESIDENT

SECRETARY

John Hancock Life Insurance Company (U.S.A.)

ENDORSEMENT

As a result of the merger of John Hancock Variable Life Insurance Company into John Hancock Life Insurance Company (U.S.A.), this Endorsement attaches to and forms part of Your Contract, Policy or Certificate, and amends it as follows:

- All references to the name John Hancock Variable Life Insurance Company are changed to John Hancock Life Insurance Company (U.S.A.).
- Any references to Boston, Massachusetts as the statutory home office are changed to Bloomfield Hills, Michigan. This does not affect the location of executive, administrative or service offices.

Signed for the Company on December 31, 2008:

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

By:

PRESIDENT

SECRETARY

SERFF Tracking Number: *MULF-125758816* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company (USA)* *State Tracking Number:* *39845*
Company Tracking Number:
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Merger Filing*
Project Name/Number: *Merger filing/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MULF-125758816 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 39845
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Merger Filing
Project Name/Number: Merger filing/

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Filed	08/28/2008
Comments: Cover letter and certification attached.		
Attachment: ar_cover_0852008.pdf		
Satisfied -Name: Long-Term Care Certified List	Review Status: Filed	08/28/2008
Comments:		
Attachment: LTC_Certified_List.pdf		
Satisfied -Name: Fixed Annuity Products - Certified List	Review Status: Filed	08/28/2008
Comments:		
Attachment: Fixed_Annuity_Certified_List.pdf		
Satisfied -Name: Group Health - Certified List	Review Status: Filed-Closed	08/28/2008
Comments:		
Attachment: Group_Health_Certified_List.pdf		

John Hancock Life Insurance Company
Long-Term Care Legislative Services, B-6-06
Post Office Box 111
Boston, Massachusetts 02117

Phone: 1-888-877-6075 (toll-free)
Direct (617) 572-4512
Fax: (617) 572-0399

e-mail: gdaly@jhancock.com



Glenn Daly
Director

August 5, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

**Re: John Hancock Life Insurance Company (U.S.A.)
NAIC #: 65838 FEIN: 01-0233346**

**Company Merger of John Hancock Life Insurance Company (NAIC # 65099)
and John Hancock Variable Life Insurance Company (NAIC # 90204)
into John Hancock Life Insurance Company (U.S.A.)**

**Forms: EndJHL09 Merger Endorsement
(for John Hancock Life Insurance Company)**

**EndJHV09 Merger Endorsement
(for John Hancock Variable Life Insurance Company)**

Dear Commissioner:

We enclose copies of the forms listed above for your review and approval. A description of these forms is found below. These forms are new and will replace any prior versions that we currently have on file with your Department.

The forms reflect John Hancock's intention to merge John Hancock Life Insurance Company and John Hancock Variable Life Insurance Company into an existing company, John Hancock Life Insurance Company (U.S.A.). The planned effective date of our merger will be December 31, 2008.

Pursuant to the merger, John Hancock Life Insurance Company (U.S.A.) is assuming all obligations and liabilities for John Hancock Life Insurance Company and John Hancock Variable Life Insurance Company.

John Hancock Life Insurance Company and John Hancock Variable Life Insurance Company will cease to write insurance in your state.

Our understanding is that your Department requires a certified list of currently-marketed forms that will continue to be offered by the surviving company. We have listed such forms for each of the affected product lines, indicating a form number, description, prior approval date and your file tracking number (if applicable). This includes long-term care insurance, fixed annuities, and group health policies.

The only change being made to these forms is the company name. We certify that no other changes have been made and form numbers will not change.

In the event that your Department approves any currently-pending submissions after the date of this filing, this certified list is considered amended to include reference to all such approved forms.

For new form filings occurring after the date of this merger submission but prior to the actual merger date, the company will make reference to the merger and name change in the cover letter to such filings so as not to have to resubmit lists repeatedly to your Department.

Please note that our Life Insurance and Variable Annuity lines of business already market approved products filed under John Hancock Life Insurance Company (U.S.A.), and have either terminated selling of other products filed under John Hancock Life Insurance Company and John Hancock Variable Life Insurance Company, or will have terminated such sales before the end of this year.

Endorsement forms **EndJHL09** and **EndJHV09** are being filed for your review and approval, and after the merger, will be mailed to in-force policyholders of John Hancock Life Insurance Company and John Hancock Variable Life Insurance Company, respectively. Due to systems coordination and timing for certain products, we are requesting a short transition period during which these endorsements may be included with contracts issued shortly after the merger.

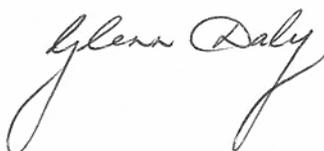
This submission is being filed simultaneously in all 50 states and the District of Columbia. This company is domiciled in Michigan which does not impose a filing fee on forms.

The following items are included:

- this cover letter
- a name-change endorsement for applicable in-force contracts
- a certified list of currently-marketed forms
- any required certifications
- \$40 filing fee.

Should you have any questions about this filing, please do not hesitate to contact me. Otherwise, we look forward to your earliest possible indication of approval.

Sincerely,

A handwritten signature in cursive script that reads "Glenn Daly". The signature is written in black ink and is positioned above the typed name and title.

Glenn Daly
Director

FLESCH SCORE CERTIFICATION

The undersigned, as officer of the John Hancock Life Insurance Company, hereby certifies that each form in this filing meets the Flesch minimum reading ease score of 40.

A handwritten signature in black ink, appearing to read "Marie Roche". The signature is fluid and cursive, written on a light-colored background.

(Signed by Officer of Company)
Marie Roche
Assistant Vice President
Long-Term Care Compliance

Date: August 5, 2008

ARKANSAS
John Hancock Life Insurance Company (U.S.A.)
Individual Long-Term Care Insurance Forms List

FORM NUMBER	DESCRIPTION	APPROVAL DATE	DEPT. FILE #
LTC-06 AR	Policy Form - Leading Edge	1/8/2007	N/A
LTC-CPI/GIO 6/07	Automatic Inflation Coverage	12/3/2007	35146
LTC-CGP 6/06	5% Compound Guaranteed Purchase Inflation Coverage	1/8/2007	N/A
LTC-SHC 6/06	SharedCare Rider	1/8/2007	N/A
LTC-ZDE 6/06	Zero Day Elimination Period for Home Health Care and Adult Day Care Rider	1/8/2007	N/A
LTC-EXT 6/06	\$1 Million Rider	1/8/2007	N/A
LTC-NONFD 9/03	Nonforfeiture (if daily benefit is selected)	10/16/2003	N/A
LTC-NONFM 9/03	Nonforfeiture (if monthly benefit is selected)	10/16/2003	N/A
LTC-CNFD	Contingent Nonforfeiture (if daily benefit is selected)	3/29/2002	N/A
LTC-CNFM	Contingent Nonforfeiture (if daily benefit is selected)	3/29/2002	N/A
LTCAPP07-2 AR	Application	12/3/2007	35146
CORPAPP07-2 AR	Corporate Solutions Application	12/3/2007	35146
LTCCR06	Advance Payment Receipt	1/8/2007	N/A
LTCMED-06	HIPAA Medical Authorization	1/8/2007	N/A
REI-APP AR	Reinstatement Application	3/29/2002	N/A
OCLTC-07-2 AR	Outline of Coverage	12/3/2007	35146
LTC-PWK 6/06	Suitability Worksheet (agent)	1/8/2007	N/A
LTC-PWKDM 6/06	Suitability Worksheet (direct)	1/8/2007	N/A
15-LTC-06	Replacement (agent)	1/8/2007	N/A
15-LTC-06DM	Replacement (direct)	1/8/2007	N/A
LTC-SUIT 6/06	Suitability Information Sheet	1/8/2007	N/A
LTC-RII 6/06	Rate Increase Disclosure	1/8/2007	N/A
LTC-96-MED 9/96	Federal Medicare Notice	12/18/1996	N/A
LTC-CV-AR 3/97	Policyholder Notice	5/20/1997	N/A
LTC-CCE 9/03	Administrative Change Form	10/16/2003	N/A
LTC-03 AR	Policy Form - Custom Care II	10/16/2003	N/A
LTC-COMP	5%/5% Compound Inflation	3/29/2002	N/A
LTC-3COMP 9/03	5%/3% Compound Inflation	10/16/2003	N/A
LTC-SIMP	Simple Inflation	3/29/2002	N/A
LTC-GPO 9/03 AR	GPO Inflation	10/16/2003	N/A
LTC-SHC	SharedCare	3/29/2002	N/A
LTC-FCB	FamilyCare	3/29/2002	N/A
LTC-ROB 9/03	Restoration of Benefits	10/16/2003	N/A
LTC-SURV	Survivor Waiver	3/29/2002	N/A
LTC-ROPR 9/03	Enhanced Return of Premium at Death Benefit	10/16/2003	N/A
LTC-WEP	Waiver of the Home Health Care Elimination Period	3/29/2002	N/A
LTC-ACB 9/03 AR	Additional Cash Benefit	10/16/2003	N/A

In the event any pending forms submission after the date of this filing is approved, this certified list is amended to include all such forms.

ARKANSAS
John Hancock Life Insurance Company (U.S.A.)
Individual Long-Term Care Insurance Forms List

LTC-DAB 9/03	Double Coverage for Accident Benefit	10/16/2003	N/A
CC2APP05 AR	Application	10/29/2004	N/A
LTCAPP03-AR	Application	10/16/2003	N/A
LTCMED-03	Medical Authorization Form	10/16/2003	N/A
LTCCR-03	Advance Payment Receipt	10/16/2003	N/A
FCSUPP-03 AR	FamilyCare Addendum	10/16/2003	N/A
OCLTC-03	Outline of Coverage	10/16/2003	N/A
LTC-PWK 5/05	Suitability Worksheet (agent)	6/30/2005	N/A
LTC-PWKDM 5/05	Suitability Worksheet (direct)	6/30/2005	N/A
15-LTC-03	Replacement (agent)	10/16/2003	N/A
15-LTC-03DM	Replacement (direct)	10/16/2003	N/A
LTC-SUIT 9/03	Suitability Information Sheet	10/16/2003	N/A
LTC-PRT AR 10/07	Partnership Notice	7/8/2008	39306
LTC-NPRT AR 10/07	Partnership Notice	7/8/2008	39306
LTC-OC-PRT AR10/07	Partnership Disclosure	7/8/2008	39306
LTC-PRT/UPG AR 6/08	Partnership Endorsement	7/8/2008	39306

In the event any pending forms submission after the date of this filing is approved, this certified list is amended to include all such forms.

ARKANSAS
John Hancock Life Insurance Company (U.S.A.)
Annuity Contracts - Certified List

MASTER GROUP CONTRACT FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
01GPAMFLEX	Master Group Contract		2/12/2002

MASTER GROUP APPLICATION FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
156-GPAMFLEX-01	Application for Master Group Contract		2/12/2002

GROUP FIXED DEFERRED ANNUITY CERTIFICATE FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
03GPAGRP	Flexible Premium Certificate		8/25/2003

GROUP FIXED DEFERRED ANNUITY SPEC PAGE FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
GPAGRP-IP2A	Specification Page for Flexible Group Certificate		12/18/2002

GROUP FIXED DEFERRED ANNUITY APPLICATION FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
156-GPAGRP-04	Application for Flexible Group Certificate		8/16/2004
156-GPAGPNCP-04	Application for Flexible Group Certificate		8/16/2004

FIXED DEFERRED ANNUITY CONTRACT FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
03GPA	Flexible Premium Contract		10/6/2003
08PEGPA	Flexible Premium Contract	39327	6/23/2008

ARKANSAS
John Hancock Life Insurance Company (U.S.A.)
Annuity Contracts - Certified List

Form 96-74	Flexible Premium Contract		8/7/1996
06GPA ed BA	Flexible Premium Contract		3/16/2007

FIXED DEFERRED ANNUITY SPEC PAGE FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
SPEC-IP2A	Specifications Page for Flexible Premium Contract		10/6/2003
SPEC-PE08	Specifications Page for Flexible Premium Contract	39327	6/23/2008

FIXED DEFERRED ANNUITY APPLICATION FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
156-GPA-04	Application for Flexible Premium Contract		8/11/2004
156-GPA-04 NCSP	Application for Flexible Premium Contract		8/11/2004
156-PEGPA-08	Application for Flexible Premium Contract	39327	6/23/2008
156-GPA-97	Application for Flexible Premium Contract		3/12/1997

FIXED DEFERRED ANNUITY ANCILLARY FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
01NHCIG	Nursing Home Waiver Endorsement		2/12/2002
03CSP	Care Solutions Plus Rider		1/5/2004
03GIRE1-3	Guaranteed Minimum Interest Rate Endorsement		7/15/2005
00NHCI	Nursing Home Waiver Endorsement		1/11/2001
02TRADIRA	IRA Qualification Endorsement		6/21/2002
02ROTH	Roth IRA Qualification Endorsement		12/13/2002

ARKANSAS
John Hancock Life Insurance Company (U.S.A.)
Annuity Contracts - Certified List

02SIMPLE	Simple IRA Qualification Endorsement		12/13/2002
97TSA	TSA Qualification Endorsement		2/20/1997
TSA96GM	Group Contract TSA Endorsement		8/7/2002
TSA96CM	Group Certificate TSA Endorsement		8/7/2002

FIXED IMMEDIATE ANNUITY CONTRACT FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
07IFA	Immediate Fixed Annuity		8/8/2007
02IFA	Immediate Fixed Annuity		9/4/2002
Form 84-65	SPIA- Period Certain No Life Contingency		7/25/1985
Form 84-64	Immediate Fixed Annuity		5/22/1985
Form 78-52M	SPIA- No Refund		5/10/1984
Form 78-53M	SPIA- Refund		5/10/1984
Form 78-54M	SPIA- Installment Refund		5/10/1984
Form 78-55M	SPIA- Joint & Survivor		5/10/1984
Form 78-56M	SPIA- Guaranteed Period		5/10/1984

FIXED IMMEDIATE ANNUITY APPLICATION FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
156-IFA-07	Application for Immediate Fixed Annuity		8/8/2007
156-IFA-02	Application for Immediate Fixed Annuity		9/4/2002
156-SS-99	Application for Structured Settlement		6/25/1999
156-ANN-96	Application for SPIA Contract		4/30/1996

FIXED IMMEDIATE ANNUITY ANCILLARY FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
01NAE	Nonassignability Endorsement		4/23/2001

ARKANSAS
John Hancock Life Insurance Company (U.S.A.)
Annuity Contracts - Certified List

GROUP ANNUITY CONTRACT FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
AR 1 NQSP-04	Non Qualified Single Premium Group Contract		7/28/2004
AR 1 SP-04	Single Premium Group Contract		7/28/2004
AR 1 NQTF-04	Non Qualified Terminal Funded Group Contract		2/15/2005
AR 1 TF-04	Terminal Funded Group Contract		2/15/2005

GROUP ANNUITY APPLICATION FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
AR 2 NQSP-04	Application for Non Qualified Single Premium Group Contract		7/28/2004
AR 2 SP-04	Application for Single Premium Group Contract		7/28/2004
AR 2 NQTF-04	Application for Non Qualified Terminal Funded Group Contract		2/15/2005
AR 2 TF-04	Application for Terminal Funded Group Contract		2/15/2005

GROUP ANNUITY CERTIFICATE FORM NUMBER	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
Form PC14NR1AD	Group Pension Deferred Retirement Life Certificate		3/10/1999
Form PC14NR6D			3/10/1999
Form PC17MCR2D			3/10/1999
Form PC17MCR6D			3/10/1999
Form PC17MCR7D			3/10/1999
Form PC17NR2D			3/10/1999
Form PC17NR3D			3/10/1999
Form PC20MCR14D			3/10/1999
Form PC20MCR17D			3/10/1999
Form PC20NR4D			3/10/1999

ARKANSAS
John Hancock Life Insurance Company (U.S.A.)
Annuity Contracts - Certified List

Form PC20NR5D			3/10/1999
Form PC30CC7D			3/10/1999
Form PC30CC8D			3/10/1999
Form PC30CC10D			3/10/1999
Form PC10NR2I	Group Pension Immediate Retired Life Certificate		3/10/1999
Form PC10NR3I			3/10/1999
Form PC10NR6I			3/10/1999
Form PC10NR7I			3/10/1999
Form PC10NR11I			3/10/1999
Form PC10NR13I			3/10/1999
Form PC10NR14I			3/10/1999
Form PC10NRT5I			3/10/1999
Form PC10NRT6I			3/10/1999
Form PC10NRT8I			3/10/1999
Form PC10NRTT1I			3/10/1999
Form PC10NRTT2I			3/10/1999
Form PC10MCR2I			3/10/1999
Form PC10MCR3I			3/10/1999
Form PC10MCR8I			3/10/1999
Form PC10MCR10I			3/10/1999
Form PC10MCRT5I			3/10/1999
Form PC10MRTT1I			3/10/1999
Form PC10MCRT1I			3/10/1999
Form PC12NR1I			3/10/1999
Form PC12NR2I			3/10/1999
Form PC12MCR2I			3/10/1999
Form PC13CAC1I			3/10/1999
Form PC14NR1I			3/10/1999
Form PC14NR5I			3/10/1999
Form PC14NRT2I			3/10/1999
Form PC14MCR1I			3/10/1999
Form PC14MCR3I			3/10/1999
Form PC14MCR5I			3/10/1999
Form PC17NR1I			3/10/1999
Form PC17MCR1I			3/10/1999

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Annuity Contracts - Certified List

Form PC20NR2I			3/10/1999
Form PC20NR3I			3/10/1999
Form PC20MCR1I			3/10/1999
Form PC20MCR2I			3/10/1999
Form PC20MCR6I			3/10/1999
Form PC20MCRT1I			3/10/1999
Form PC20MCRT2I			3/10/1999
Form PC20MCRT3I			3/10/1999
Form PC20IR1I			3/10/1999
Form PC30CC5I			3/10/1999
Form PC30CCT2I			3/10/1999
Form PC30CCT3I			3/10/1999
Form PC31CCA1I			3/10/1999
Form PC31CCA3I			3/10/1999
Form PC31CCA5I			3/10/1999
Form PC40NR1I			3/10/1999
Form PC40NR2I			3/10/1999
Form PC40NR6I			3/10/1999
Form PC40NRCA1I			3/10/1999
Form PC40NRCA2I			3/10/1999
Form PC40MCR1I			3/10/1999
Form PC40MCR2I			3/10/1999
Form PC60NR1I			3/10/1999
Form PC60NR4I			3/10/1999
Form PC60MCR1I			3/10/1999

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SEPARATE ACCOUNT INVESTMENT OPTION FOR EMPLOYER RETIREE HEALTH PLANS- STOP LOSS INSURANCE FORM NUMBERS	DESCRIPTION	DEPT FILE NO.	APPROVAL DATE
GPX-SEL-0001	Specific Loss Health Policy		9/20/1991
GPX-SEL-0002	Specific Loss Health Policy		9/20/1991
GPX-SEL-0003	Specific Loss Health Policy		9/20/1991
GPX-SEL-0004	Specific Loss Health Policy		9/20/1991
GPX-SEL-0005	Specific Loss Health Policy		9/20/1991
GPX-SEL-0006	Specific Loss Health Policy		9/20/1991
GPX-SEL-0007	Specific Loss Health Policy		9/20/1991
GPX-SEL-0008	Specific Loss Health Policy		9/20/1991
GPX-SEL-0009	Specific Loss Health Policy		9/20/1991
GPX-SEL-0010	Specific Loss Health Policy		9/20/1991
GPX-SEL-0011	Specific Loss Health Policy		9/20/1991
GPX-SEL-0012	Specific Loss Health Policy		9/20/1991
GPX-SEL-0013	Specific Loss Health Policy		9/20/1991
GPX-SEL-0014	Specific Loss Health Policy		9/20/1991
GPX-SEL-0015	Specific Loss Health Policy		9/20/1991
GPX-SEL-0016	Specific Loss Health Policy		9/20/1991
GPX-SEL-0017	Specific Loss Health Policy		9/20/1991
GPX-SEL-0018	Specific Loss Health Policy		9/20/1991
GPX-APP-0003	Application for Specific Loss Health Policy		9/20/1991