

SERFF Tracking Number: MALF-126350558 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 43849
Company Tracking Number: APP.MSP.1109
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.004 Modified Single Premium
Product Name: APP.MSP.1109
Project Name/Number: APP.MSP.1109/APP.MSP.1109

Filing at a Glance

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

Product Name: APP.MSP.1109 SERFF Tr Num: MALF-126350558 State: Arkansas
TOI: A03I Individual Annuities - Deferred SERFF Status: Closed-Approved- State Tr Num: 43849
Variable Closed
Sub-TOI: A03I.004 Modified Single Premium Co Tr Num: APP.MSP.1109 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Nancy Leto, Michelle Disposition Date: 10/23/2009
Moore
Date Submitted: 10/21/2009 Disposition Status: Approved-Closed
Implementation Date Requested: 11/02/2009 Implementation Date:

State Filing Description:

General Information

Project Name: APP.MSP.1109
Project Number: APP.MSP.1109
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: The form is exempt from approval in our domiciliary state of Michigan per Order No. 97-010M, as reported in Michigan Bulletin #97-3.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 10/23/2009
Created By: Michelle Moore
Corresponding Filing Tracking Number:

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/23/2009

Deemer Date:
Submitted By: Nancy Leto
Filing Description:

Application form APP.MSP.1109 is new and does not replace any forms currently on file with your department. The form is exempt from approval in our domiciliary state of Michigan per Order No. 97-010M, as reported in Michigan Bulletin #97-3. The submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. The form is filed in accordance with the applicable statutes and regulations of your state, and is in final print, subject only to minor variations in color, paper stock, duplexing, fonts, and positioning.

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The application form will be marketed through representatives of broker-dealers who have selling agreements with John Hancock Life Insurance Company (U.S.A.) and John Hancock Distributors, LLC. Registered representatives are appointed by John Hancock (U.S.A.). The form is marketed on an individual basis and will be available for issue effective November 2, 2009 or upon approval by your jurisdiction, if later.

Application form APP.MSP.1109 will be used to apply for either of the following contracts:

FORM NUMBER	ORIGINAL APPROVAL DATE
VENTURE-MSP.A.09	3/17/09
VENTURE-MSP.N.09	3/17/09

Certain items in the submitted application are bracketed as variable. We have attached a Statement of Variability explaining these variable areas.

The base contracts with which these forms will be used are securities subject to federal regulation and must comply with the requirements of the Securities and Exchange Commission. Therefore, these forms are exempt from readability requirements as forms subject to the Federal Jurisdiction of the Securities and Exchange Commission.

Company and Contact

Filing Contact Information

Nancy Leto,	nburns@jhancock.com
601 Congress St.	617-663-3720 [Phone]
Boston , MA 02210-2805	617-663-3150 [FAX]

Filing Company Information

John Hancock Life Insurance Company (U.S.A.)	CoCode: 65838	State of Domicile: Michigan
601 Congress St.	Group Code:	Company Type: Life
Boston, MA 02210-2805	Group Name:	State ID Number:
(617) 663-3000 ext. [Phone]	FEIN Number: 01-0233346	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20.00 - form filed separately from policy

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	10/21/2009	31457389

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/23/2009	10/23/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Nancy Leto	10/21/2009	10/21/2009

SERFF Tracking Number: MALF-126350558 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 43849
Company Tracking Number: APP.MSP.1109
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.004 Modified Single Premium
Product Name: APP.MSP.1109
Project Name/Number: APP.MSP.1109/APP.MSP.1109

Disposition

Disposition Date: 10/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MALF-126350558 State: Arkansas
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 43849
 Company Tracking Number: APP.MSP.1109
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.004 Modified Single Premium
 Product Name: APP.MSP.1109
 Project Name/Number: APP.MSP.1109/APP.MSP.1109

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Application		Yes

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Project Name/Number: APP.MSP.1109/APP.MSP.1109

Amendment Letter

Submitted Date: 10/21/2009

Comments:

Attached is the Statement of Variability which we neglected to include with the initial submission.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

Stmnt of Variability APPMSP1109 (App)-Non Compact.pdf

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Form Schedule

Lead Form Number: APP.MSP.1109

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APP.MSP.1109	Certificate	Application	Initial			APPMSP1109(National) - John Doe.pdf



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

P.O. Box 9505, Portsmouth, NH 03802-9505

Home Office: Bloomfield Hills, MI

Overnight Mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

John Hancock AnnuityNote® 1 A SHARE

MODIFIED SINGLE PAYMENT DEFERRED VARIABLE ANNUITY APPLICATION

CONTRACT VALUES AND DEATH BENEFITS PROVIDED BY THE CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

1 Contract Type and Funding (complete A & B)

A. Contract Type Nonqualified Traditional IRA Roth IRA SEP IRA

B. Funding Check Enclosed \$ 25,000 (Payable to John Hancock Life Insurance Company (U.S.A.))
Minimum \$25,000 Wire from Bank* \$ _____

Transfer/Exchange* \$ _____ **Select One:**
 1035 Exchange Direct Transfer
 Rollover Mutual Fund / CD / Other

*Please see Forms Booklet or jhannuities.com for instructions

2 Register Your Contract

Individual Owner (Section A only) Co-Owners (Sections A & B) Trust/Entity Owner (Sections A & C)

A. Individual Owner/Annuitant

John X. Smith

Male Female

Name (First, Middle, Last)

3/17/1954

333-33-3333

1234567

Date of Birth (mm/dd/yyyy)

Social Security/Tax Identification Number

Client Brokerage Account Number

1 Salem Street

Anytown, MA 02222

Mailing Address

City, State, Zip

Residential Address (required if different from mailing or address is PO Box)

City, State, Zip

B. Co-Owner

Male Female

Name (First, Middle, Last)

Date of Birth (mm/dd/yyyy)

Social Security/Tax Identification Number

C. Trust/Entity Owner (Section 2A also required)

Name of Trust/Entity Owner

Date of Trust (mm/dd/yyyy)

Tax Identification Number

Mailing Address

City, State, Zip

3 Beneficiaries

If a co-owner was selected in Section 2B, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. Use section 5 for additional beneficiaries.

Beneficiary #1 Primary Contingent Mary Smith Male Female Trust/Entity

100%

Spouse

Name (First, Middle, Last or Name of Trust/Entity)

7/15/1955

444-44-4444

MA

% of Proceeds

Relationship to Owner

Date of Birth/Trust (mm/dd/yyyy)

Social Security/Tax Identification Number

State of Residence

Beneficiary #2 Primary Contingent

Name (First, Middle, Last or Name of Trust/Entity)

Male Female Trust/Entity

% of Proceeds

Relationship to Owner

Date of Birth/Trust (mm/dd/yyyy)

Social Security/Tax Identification Number

State of Residence

4 Initial Investment Allocations

50 % Core Strategy (Current 70% Equity/30% Fixed Income)

50 % Total Bond Market A

Automatic Rebalancing: Rebalance my account quarterly to the percentages selected.

5 [**Additional State Disclosures**

For Applicants in all states except AZ, CA, DE, DC, FL, NJ: 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.

For AZ Applicants: On written request, the Company is required to provide 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 ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE 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 a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For CA Applicants Age 60 or Older: Under laws applicable to contracts issued in California, there is a 30-Day Right to Review your contract. During this time, your initial payment will be invested into the Money Market Portfolio. On the 35th day (or next business day) the contract value will be transferred into the Variable Portfolio. If the contract is cancelled within 30 days, any payments (including fees

and charges) will be returned. If you wish to immediately invest into the Variable Portfolio please note this in section 5. In that event, if the contract is cancelled within 30 days we will refund the contract value of the Variable Portfolio on the date we receive the contract, which may be less than your initial payment.

For DE 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.

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.

For FL Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

6 [**Military Sales**

Is the annuitant or owner an active member of the U.S. Armed Forces? Yes* No (default)

* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on www.jhannuities.com). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

7 [**Special Instructions**

8 Applicant Acknowledgments/Signatures

Statement of Applicant: I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes* No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?
 Yes* No Will this contract replace or change any existing life insurance or annuity in this or any other company?
- *Please complete below and attach a state/NAIC replacement form (if applicable). To determine your state's requirements, see the Replacement Form Reference Guide in the Forms Booklet or use the "Forms Wizard" by logging on to jhannuities.com.

 Issuing Company Contract Number Annuity Life Insurance

- I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 95th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½).
 Alternate Maturity Date _____.
- I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.
- I/We have read the applicable fraud statement contained in the State Disclosures Section.
- To the best of my knowledge and belief, the statements in this application are true and complete.
- I/We am/are either a citizen or resident alien of the United States of America.
- I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

SIGN
HERE

Owner:

Signature John K. Smith

City, State (signed in) Massachusetts

Date 10/21/09

SIGN
HERE

Co-owner:

Signature _____

City, State (signed in) _____

Date _____

SIGN
HERE

Annuitant:
(If owner is entity)

Signature _____

City, State (signed in) _____

Date _____

9 Financial Advisor Information

A. Certification: I have truly and accurately recorded the information provided by the applicant. I have determined that the annuity contract applied for is a suitable investment.

- Yes No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?
 Yes No Will this contract replace or change any existing life insurance or annuity in this or any other company?

B. Financial Advisor (Primary)

100 % Fred Q. Agent
 Percentage Printed Name
617-300-7000 7111
 Telephone Number State License ID
 Signature Fred Q. Agent

987654321
 Broker/Dealer Rep Number
123456789
 Social Security Number
 Date 10/21/09

SIGN
HERE

C. Financial Advisor (Secondary-Optional)

_____%
 Percentage Printed Name

 Telephone Number State License ID
 Signature _____

 Broker/Dealer Rep Number

 Social Security Number
 Date _____

SIGN
HERE

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: As the attached app will be used with variable contracts, we are also attaching the Reg 6 certification Attachments: AR - Certification.pdf AR - Certification Reg 6 (Variable Contracts).pdf		
Satisfied - Item: Application Comments: Application is attached in the Forms Schedule tab for approval.		
Satisfied - Item: Statement of Variability Comments: Attachment: Stmnt of Variability APPMSP1109 (App)-Non Compact.pdf		

ARKANSAS CERTIFICATION

John Hancock Life Insurance Company (U.S.A.)
Form Number(s): APP.MSP.1109

Having carefully reviewed the above numbered form, we hereby certify, to the best of our knowledge, information and ability, that:

1. Said form conforms in all aspects to the provisions of Arkansas Rule and Regulation 19;
2. Said form conforms in all aspects to the provisions of Arkansas Rule and Regulation 49;
3. Said forms are exempt from ACA 23-80-206 (Flesch) due to the fact that such forms are securities, subject to federal regulations and must comply with requirements of the Securities and Exchange Commission.
4. Said form conforms in all aspects to the provisions of ACA 23-79-138 (Consumer Information Notice). *NA for this application filing. The required Consumer Information Notice is attached to the previously-approved base contracts with which this app will be issued.*
5. Said form contains no provision or provisions previously disapproved or called to our attention by the Insurance Department of Arkansas, except as follows: NONE



Kathryn Dowdell
Director – Product Compliance

Signed at: Boston, Massachusetts

Date: 10/21/2009

ARKANSAS CERTIFICATION

**Rule and Regulation 6
(Variable Annuity Contracts)**

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

Form Number(s): APP.MSP.1109

On behalf of the John Hancock Life Insurance Company (U.S.A.) (the "Company"),
I hereby certify that Rule and Regulation 6 has been reviewed and the Company
is in compliance with the provision thereof.



Kathryn Dowdell
Director – Product Compliance

Signed at: Boston, Massachusetts

Date: 10/21/2009

STATEMENT OF VARIABILITY
Application Form APP.MSP.1109

This document will describe the variable bracketing containing in this application

Company-Specific Data:

The following items may be revised by the Company as necessary should changes to this Company-specific data occur in the future.

- Company logo
- P.O. Box address for the Company
- Overnight mailing address for the Company
- Company toll-free telephone number
- Company web address

Other:

- Product name - may vary by distribution channel.
- Section 1 (Contract Type) – We may add or delete line of business types based on the Company’s determination as to its target markets.
- Section 4 (Initial Investment Allocations) – The owner will choose the initial allocations from the investments we make available. We may add or delete investment options at any time, as permitted by applicable law.
- Section 5 (Additional State Disclosures) - To allow for the addition or deletion of state-specific fraud warnings as state requirements change in the future.
- Section 6 (Military Sales) - This may be revised as necessary to comply with future changes in state laws.
- Section 9 (Financial Advisor Information) –Commission Option data will be included when commission options are available.