

SERFF Tracking Number: MANU-126204094 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 42975
Company Tracking Number: 09SPWL
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: 09SPWL - Single Premium Whole Life Insurance Policy
Project Name/Number: 09SPWL - Single Premium Whole Life Insurance Policy/09SPWL - Single Premium Whole Life Insurance Policy

Filing at a Glance

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

Product Name: 09SPWL - Single Premium SERFF Tr Num: MANU-126204094 State: Arkansas

Whole Life Insurance Policy

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 42975
Closed

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: 09SPWL State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Michelle Fluet, Helene Disposition Date: 07/22/2009

Landow, Karren Phair, Debbie Tom,

Jacqueline Lau, Joel Meggs

Date Submitted: 07/15/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 09SPWL - Single Premium Whole Life Insurance Policy Status of Filing in Domicile: Authorized

Project Number: 09SPWL - Single Premium Whole Life Insurance Date Approved in Domicile:

Policy

Requested Filing Mode: Review & Approval

Domicile Status Comments: Exempt in
Michigan

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/22/2009

Explanation for Other Group Market Type:

State Status Changed: 07/22/2009

Deemer Date:

Created By: Debbie Tom

Submitted By: Debbie Tom

Corresponding Filing Tracking Number:

Filing Description:

Filing Description:

INDIVIDUAL LIFE

Form 09SPWL, Single Premium Whole Life Insurance Policy, Non-Participating

SERFF Tracking Number: MANU-126204094 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 42975
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We are submitting the above form for your approval. This form is filed in accordance with the applicable statutes and regulations of your jurisdiction. The form will be laser printed, subject only to minor variations in color, paper stock, duplexing, fonts and positioning. This is a new form and does not replace any currently-approved form. The form will be effective on the date of approval and will be marketed to the general public. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards.

Form 09SPWL, Single Premium Whole Life Insurance Policy, is a non-participating, single life, single premium whole life insurance policy. The policy provides a level death benefit for life. The Face Amount is elected at issue and cannot be increased after issue. The issue age range for the policy presently is 30 to 75.

Values are based on the 2001 Commissioners Standard Ordinary Sex and Smoker Distinct ALB Ultimate Mortality Tables. We assume 5% interest in calculating the minimum cash values. The Cash Values guaranteed in the policy will equal or exceed these minimums. An Actuarial Description is enclosed describing the benefits of the policy.

Policy loans are available on a variable interest rate basis as specified in the policy.

The main application form which will be used with this policy is NB5000US (12/2007) Application for Life Insurance, which was approved by your state on February 11, 2008 under SERFF Tracking # MANU-125381606.

Previously and subsequently approved riders will be made available with this policy. A complete listing of all applicable riders elected and attached to the policy will be listed on page 3.0 in the "Supplementary Benefits" field.

Marketing materials which have yet to be developed for this product will be submitted to your Department to the extent necessary under insurance laws, unless you indicate otherwise.

We trust the forms are acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-4842 (collect) or via e-mail at joel_meggs@jhancock.com.

P.S. At present, there is no advertising or sales material available for this product.

Enclosures: Actuarial Description (includes Basis of Reserves)
Statement of Variability
Filing Fee (EFT)
Flesch Score Certificate
John Doe Application
Certification of Compliance re Unfair Sex Discrimination
Certification of Compliance re Ark. Code Ann. 213-79-138 and Regulation 49

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Company and Contact

Filing Contact Information

Joel Meggs, Sr. Contract Analyst Joel_Meggs@jhancock.com
 200 Bloor St E 416-852-4842 [Phone]
 Toronto, ON M4W 1E5 416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company (U.S.A.) CoCode: 65838 State of Domicile: Michigan
 P. O. Box 600 Group Code: 904 Company Type: insurance/financial
 Contracts and Compliance Group Name: State ID Number:
 Buffalo, NY 14201-0600 FEIN Number: 01-0233346
 (416) 926-3000 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	07/15/2009	29217990

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2009	07/22/2009

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Disposition

Disposition Date: 07/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-126204094 State: Arkansas
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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	Single Premium Whole Life Insurance Policy, Non-Participating		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	09SPWL	Policy/Cont	Single Premium ract/Fratern al Policy, Non- Certificate Participating	Initial		50.000	09SPWL ar.pdf



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

LIFE INSURED [John J. Doe]

POLICY NUMBER [12 345 678]

PLAN NAME [Single Premium Whole Life]

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

THE PREMIUM PAYMENT FOR THIS POLICY IS SHOWN IN THE POLICY SPECIFICATIONS SECTION 1.
NON-PARTICIPATING (NOT ELIGIBLE FOR DIVIDENDS).

Subject to the conditions and provisions of this policy, if the Life Insured dies while the policy is in force, John Hancock Life Insurance Company (U.S.A.) ("the Company") agrees to pay the Insurance Benefit to the beneficiary in a lump sum, and to provide the other benefits, rights, and privileges, if any, of the policy. The Insurance Benefit is described in Section 5. If the Company makes other plans of payment available other than a lump sum, then a beneficiary may request written election of any such other plans in lieu of a lump sum.

READ YOUR POLICY CAREFULLY. It is a contract between you and us.

RIGHT TO RETURN POLICY. If for any reason you are not satisfied with your policy, you may return it for cancellation by delivering or mailing it to us or to the agent who sold it. If this policy does not replace another policy, you may return it within TEN days after receiving it, or if it replaces another policy, you may return it within TWENTY days after receiving it. We will refund in full the payment made. The policy will be void from the beginning.

Signed for the Company by:

[
President

[
Secretary

Policy Provisions

Section

1. Policy Specifications
2. Table of Values
3. Definitions
4. Face Amount
5. Insurance Benefit
6. Interest on Proceeds
7. Premium
8. Surrenders
9. Coverage At and After Age 121
10. Policy Termination
11. Reinstatement
12. Loans
13. Owner and Beneficiary
14. Assignment
15. Misstatements
16. Suicide
17. Validity/Incontestability
18. The Contract
19. Right to Postpone Payment of Benefits
20. Claims of Creditors
21. How Values are Computed

1. POLICY SPECIFICATIONS

Life Insured	[JOHN DOE]	Plan Name	[Single Premium Whole Life]
Age at Policy Date	[35]	Policy Number	[12 345 678]
Sex	[MALE]	Issue Date	[Oct 1, 2009]
Risk Classification	[Non Smoker]	Policy Date	[Oct 1, 2009]
Supplementary Benefits	[Not Applicable]		

Owner, Beneficiary As designated in the application or subsequently changed

Governing Law [Arkansas]

Face Amount at Issue: \$[100,000]

SINGLE PAY – ONE TIME SINGLE PREMIUM PAYMENT

Base Policy Premium	Supplementary Benefits Premium	Total Premium
\$[15,303.44]	\$[0.00]	\$[15,303.44]

2. TABLE OF VALUES – Policy [12 345 678]

TABLE OF GUARANTEED VALUES-- DOLLAR VALUES ARE PER \$1,000 OF DEATH BENEFIT

End of Policy Year	Cash Value \$	End of Policy Year	Cash Value \$	End of Policy Year	Cash Value \$
1	180.4912	34	560.3951	67	895.3485
2	187.5913	35	575.6173	68	899.4000
3	194.9603	36	590.9555	69	903.3463
4	202.5958	37	606.2945	70	907.1866
5	210.5191	38	621.5410	71	910.9329
6	218.7215	39	636.7237	72	914.5819
7	227.2022	40	651.8526	73	918.1315
8	235.9534	41	666.9253	74	921.5781
9	244.9677	42	681.8934	75	924.9198
10	254.2461	43	696.6559	76	928.1569
11	263.7901	44	711.0972	77	931.2874
12	273.6167	45	725.1532	78	934.3114
13	283.7726	46	738.7617	79	937.2271
14	294.3058	47	751.9081	80	940.0355
15	305.2096	48	764.6351	81	942.7362
16	316.4649	49	776.9239	82	945.3304
17	328.0472	50	788.7097	83	947.8174
18	339.9334	51	799.9126	84	950.1892
19	352.1090	52	810.4607	85	952.3810
20	364.5226	53	820.3069	86	1,000.0000
21	377.1567	54	829.4265		
22	390.0267	55	837.8081		
23	403.1740	56	845.5665		
24	416.6301	57	852.8480		
25	430.3658	58	859.6416		
26	444.3273	59	865.8966		
27	458.4433	60	871.5218		
28	472.6585	61	876.5414		
29	486.9532	62	880.9832		
30	501.3429	63	884.5852		
31	515.8469	64	886.8749		
32	530.5080	65	886.9747		
33	545.3505	66	891.2037		

3. DEFINITIONS

The term "**Age**" means, on any Policy Anniversary, the age of the person in question at his or her last birthday.

The term "**Business Day**" means any pre-scheduled work day that we are open for business. We will deem each Business Day to end at the close of regularly scheduled Company hours (currently 4:00 p.m. Eastern time) on that day.

The term "**Cash Value**" is the amount at a specific date to determine certain policy benefits at that date. The Cash Value is shown for the end of all Policy Years, per \$1,000 of Death Benefit in the Table of Values, Section 2.

The term "**date**" means a calendar day ending at midnight local time at our Service Office.

The term "**in force**" means that the policy has not terminated in accordance with Section 10, or surrendered in accordance with Section 8.

The term "**Issue Date**" is the date shown in Section 1 of this policy from which the Suicide and Validity/Incontestability provisions are applied.

The term "**Loan Value**" is the Cash Value discounted by the loan interest rate for the period from the date the loan value is being calculated to the date immediately prior to the next Policy Anniversary date.

The term "**Net Cash Surrender Value**" equals the Cash Value less the Policy Debt.

The term "**Policy Date**" is the date on which the premium is due. The Policy Date is shown in Section 1. Policy Years, Policy Months, and Policy Anniversaries are determined from the Policy Date.

The term "**Policy Debt**" as of any date equals (a) plus (b) plus (c), minus (d), where:

- (a) is the total amount of loans borrowed as of such date;
- (b) is the total amount of any unpaid loan interest charges borrowed against the policy on a Policy Anniversary;
- (c) is any interest charges accrued from the last Policy Anniversary to the current date; and
- (d) is the total amount of loan repayments as of such date.

The term "**Service Office**" is the office that we designate to service this policy, as shown on the back cover of your policy.

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

The term "**written request**" is your request to us which must be in a form satisfactory to us, signed and dated by you, and filed at our Service Office or, if permitted by our administrative practices, an electronic mail message ("e-mail") received by us at the internet address specified by us for receipt of such messages.

The terms "**you**" and "**your**" refer only to the Owner of this policy.

4. FACE AMOUNT

The Face Amount is elected at issue and shown in Section 1. You may not increase the Face Amount under this policy after issue.

5. INSURANCE BENEFIT

If the Life Insured dies while the policy is in force, we will pay the Insurance Benefit upon receipt of due proof of death of the Life Insured, subject to any applicable provisions of the policy. If the Life Insured dies on or after the date we receive a request from you to surrender the policy, no Insurance Benefit will be paid. We will pay the amount payable under the Surrender provision instead.

Insurance Benefit

The Insurance Benefit payable is the Death Benefit less any outstanding Policy Debt at the date of death, where the Death Benefit is:

- (a) the Face Amount; plus
- (b) any amounts payable, as a result of the Life Insured's death, under any Supplementary Benefit riders that form part of the contract.

The Cash Value will never exceed the net single premium as defined in Section 7702 of the Internal Revenue Code of 1986 (as amended) or any other successor provision. If necessary, the Death Benefit will be increased so that the Cash Value equals this net single premium.

6. INTEREST ON PROCEEDS

We will pay interest on Insurance Benefit proceeds as stipulated by the state. If the state does not specify the interest rate, we will use the rate for insurance benefits left on deposit with us.

7. PREMIUM

The amount of the Total Premium is shown in Section 1. On request we will provide a receipt signed by one of our officers.

8. SURRENDERS

You may surrender this policy upon written request for its Net Cash Surrender Value at any date prior to the death of the Life Insured. We will determine the Net Cash Surrender Value as of the end of the Business Day on which we have received at our Service Office your written request for full surrender of the policy. We will process the request and pay the Net Cash Surrender Value only if we have not received due proof that the Life Insured died prior to the surrender date. After we receive your written request to surrender the policy, no insurance will be in force.

Partial Surrender

Once per Policy Month after the first Policy Anniversary, you may request a partial surrender of the Net Cash Surrender Value if available. The partial surrender is subject to the following conditions:

- (a) without our approval, each partial surrender must be for at least a minimum amount of \$500;
- (b) we will process the partial surrender, thereby reducing the Face Amount and Cash Value, as of the end of the Business Day on which we receive your written request;
- (c) without our approval, we will not allow a partial surrender if the Face Amount falls below \$50,000.

9. COVERAGE AT AND AFTER AGE 121

Coverage under this policy at and after the Life Insured's Age 121 is subject to the stipulations stated below.

Insurance Benefit. The Insurance Benefit will continue to be determined as specified in Section 5.

Surrender of the Policy. If you surrender the policy after the Life Insured reaches Age 121, we will pay the Insurance Benefit as specified in Section 5.

Loans. There is no change in the basis on which the Net Cash Surrender Value is determined with respect to loans after the Life Insured reaches Age 121.

10. POLICY TERMINATION

This policy terminates on the earliest of the following events:

- (a) the Policy Debt equals or exceeds the Loan Value, and payment is not made in accordance with Section 12;
- (b) surrender of the policy; or
- (c) the death of the Life Insured.

11. REINSTATEMENT

If the policy terminates you can have it reinstated within 3 years. The policy cannot be reinstated if it has been surrendered for its Net Cash Surrender Value.

The requirements for reinstatement are as follows:

- (1) we must receive written request for reinstatement;
- (2) we must receive evidence of insurability satisfactory to us for the Life Insured, and for any insureds covered under any Supplementary Benefit rider that you wish to reinstate;
- (3) we must receive an amount equal to the excess of the Policy Debt over the Loan Value; and
- (4) any remaining Policy Debt is paid to us or reinstated, with interest.

Requirements (2) and (3) must be satisfied within 60 days after the date we receive written request for reinstatement.

If we approve your request, the reinstatement date will be the date we receive the required payment at our Service Office.

12. LOANS

At any time while this policy is in force and sufficient loan value is available, you can get a loan by written request. Each loan must be for at least a minimum loan amount of \$500. We may require a loan agreement from you as the policy is the only security for the loan. We may defer loans as provided by law or as provided in Section 19. The amount of the loan cannot exceed the Loan Value reduced by any existing Policy Debt.

Loan Repayments are payable at any of our offices.

Loan Interest Charged

We charge interest on all loans made under the Loans provision.

The loan interest rate is variable. It will be set each year at your Policy Anniversary and it will not change during the year.

12. LOANS (continued)

The loan interest rate charged will not exceed the greater of (a) or (b), where:

- (a) is 6% per annum; and
- (b) is the Moody's Corporate Bond Yield Average-Monthly Average Corporates for the calendar month ending two months before the beginning of the month in which your Policy Anniversary falls. For example, if your Policy Anniversary is in April; we would use the Average for January.

If the Average is at least one-half of one percent smaller than the rate we have set for the previous Policy Year, we will reduce the rate to a rate no more than that Average. If the Average is at least one-half of one percent greater than the rate we have set for the previous Policy Year, we will increase the rate to a rate no more than that Average.

Moody's Corporate Bond Yield Average-Monthly Average Corporates referred to above is published in the United States by Moody's Investors Service, Inc. In the event it is no longer published, we will use a similar average published by another United States bond rating agency.

Interest will accrue daily on loans. Loan interest will be payable on each Policy Anniversary and on the date the loan is settled. In the event that you do not pay the loan interest charged in any Policy Year, it will be borrowed against the policy and added to the Policy Debt at the Policy Anniversary.

Loan Repayment

You may repay the Policy Debt in whole or in part at any time prior to the death of the Life Insured and while the policy is in force.

Your policy will terminate after 31 days should your Policy Debt equal or exceed the Loan Value due to failure to repay the loan or to pay interest. During the 31 days, the policy remains in force. If the policy has Net Cash Surrender Value, you can surrender the policy for its Net Cash Surrender Value, as specified in Section 8. At least 31 days before the termination, we will mail a notice to you and any assignee of record with us at the address last known to us.

13. OWNER AND BENEFICIARY

Until the Life Insured's death, with the consent of any irrevocable beneficiaries, you can receive any amount payable under the policy and exercise all rights and privileges granted by the policy.

Change of Owner

Until the Life Insured's death, the owner can change the ownership of the policy by written request. The change will take effect as of the date you signed the written request. It will not apply to any payments we made or any action we may have taken before we received your written request.

Joint Ownership

Two or more owners will own the policy as joint tenants with right of survivorship, unless otherwise requested on the application or in any subsequent assignment of the policy. On death of any of the owners, the deceased owner's interest in the policy passes to the surviving owner(s).

Successor Owner

If an owner dies prior to the death of the Life Insured, a named successor owner will, if then living, have all the owner's rights and interest in the policy. The owner, with the consent of any irrevocable beneficiary, can cancel or change the designation of successor owner prior to the death of the Life Insured by agreement in writing with us.

The following four provisions will apply unless there is a beneficiary appointment in force that provides otherwise.

Beneficiary Classification

You can appoint beneficiaries for the Insurance Benefit in three classes: primary, secondary, and final. Beneficiaries in the same class will share equally in the Insurance Benefit payable to them.

Payment to Beneficiaries

We will pay the Insurance Benefit:

- (a) to any primary beneficiaries who are alive when the Life Insured dies; or
- (b) if no primary beneficiary is then alive, to any secondary beneficiaries who are then alive; or
- (c) if no primary or secondary beneficiary is then alive, to any final beneficiaries who are then alive.

13. OWNER AND BENEFICIARY (continued)

Change of Beneficiary

Until the Life Insured's death, you can change the beneficiary by written request unless you make an irrevocable designation. We are not responsible if the change does not achieve your purpose. The change will take effect as of the date you signed such request. It will not apply to any payments we made or any action we may have taken before we received your written request.

Death of Beneficiary

If no beneficiary is alive when the Life Insured dies, the Insurance Benefit will be payable to you; or if you are the Life Insured, to your estate. Unless otherwise provided, if a beneficiary dies before the seventh day after the death of the Life Insured, we will pay the Insurance Benefit as if the beneficiary had died before the Life Insured.

14. ASSIGNMENT

Your interest in this policy may be assigned with the consent of any irrevocable beneficiary. Your interest, any interest of the Life Insured, and of any revocable beneficiary shall be subject to the terms of the assignment, but such assignment shall not affect the interest of any 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 Service Office. We assume no responsibility for the validity or sufficiency of any assignment.

15. MISSTATEMENTS

If the age or sex of the Life Insured was misstated in the application, we will, if necessary, change the Face Amount, and every other benefit, to that which the premium paid would have purchased at the correct sex or age.

16. SUICIDE

If the Life Insured commits suicide, while sane or insane, within 2 years from the Issue Date, the policy will terminate on the date of such suicide and we will pay (in place of all other benefits, if any) an amount equal to the premium paid less the amount of any Policy Debt on the date of death.

We reserve the right under this provision to obtain evidence of the manner and cause of death of the Life Insured.

17. VALIDITY/INCONTESTABILITY

This policy shall be incontestable after it has been in force during the lifetime of the Life Insured for two Policy Years from the Issue Date, except for fraud or policy termination, or any provision for reinstatement or any policy change requiring evidence of insurability.

In the case of reinstatement or any policy change requiring evidence of insurability, the contestable period shall be two years from the effective date of such reinstatement or policy change.

We reserve the right under this provision to obtain evidence of the manner and cause of death of the Life Insured.

18. THE CONTRACT

The written application for the policy is attached at issue. The entire contract between the applicant and us consists of the policy, such application, and any riders and endorsements. However, additional written requests or applications for policy changes may be submitted to us after issue and such additional requests may become part of the policy. All statements made in any application shall, in the absence of fraud, be deemed representations and not warranties. We will use no statement made by or on behalf of the Life Insured to defend a claim under the policy unless it is in a written application.

An exchange of this policy for a new policy on a different plan may be made by agreement between you and us in accordance with our published rules in effect at that time.

18. THE CONTRACT (continued)

We reserve the right to make any changes necessary in order to keep this policy in compliance with any federal and state tax laws that apply to the policy. Other changes in this policy may be made by agreement between you and us. Only the President, Vice President, the Secretary, or an Assistant Secretary of the Company has authority to waive or agree to change in any respect any of the conditions or provisions of the policy, or to extend credit or to make an agreement for us.

19. RIGHT TO POSTPONE PAYMENT OF BENEFITS

We reserve the right to postpone the payment of the Net Cash Surrender Value and policy loans for up to six months after we receive such written request.

20. CLAIMS OF CREDITORS

The proceeds and any income payments under the policy will be exempt from the claims of creditors to the extent permitted by law. These proceeds and payments may not be assigned or withdrawn before becoming payable without our agreement.

21. HOW VALUES ARE COMPUTED

The Net Cash Surrender Value is at least equal to that required by law. The Cash Value equals or exceeds the net single premium using 5% interest per year and the 2001 CSO Sex and Smoker Distinct U ALB Mortality Table. Reserves will be at least as great as the minimum required by law.

A detailed statement of the method of computing the minimum cash values for this policy has been filed with the insurance department of the state shown in Section 1.

Communications about this policy may be sent to the Company's Service Office, which is currently at [200 Bloor Street East, Toronto, Ontario M4W 1E5. Our toll-free number is 1-800-387-2747].

Single Premium Whole Life Insurance Policy
Insurance Benefit payable at death of Life Insured
Not eligible for dividends
Benefits, Premiums, and the Risk Classification are shown in Section 1

SERFF Tracking Number: MANU-126204094 State: Arkansas
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 42975
 Company Tracking Number: 09SPWL
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: 09SPWL - Single Premium Whole Life Insurance Policy
 Project Name/Number: 09SPWL - Single Premium Whole Life Insurance Policy/09SPWL - Single Premium Whole Life Insurance Policy

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
flesch ar.pdf		
AR - cert re Reg19 unfair sex dis. ar.pdf		
AR - compcert 23-79-138 reg 49 ar.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
The main application form which will be used with this policy is NB5000US (12/2007) Application for Life Insurance, which was approved by your state on February 11, 2008 under SERFF Tracking # MANU-125381606.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
Statement of Variability 09SPWL.pdf		

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

CERTIFICATE OF COMPLIANCE

FOR THE STATE OF ARKANSAS

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test, and that this form meets the requirements of your readability legislation.

FORM #	READABILITY SCORE
09SPWL	50

July 15, 2009

Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

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

COMPLIANCE CERTIFICATION

STATE OF ARKANSAS

Form	Description
09SPWL	Single Premium Whole Life Insurance Policy

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

July 15, 2009

Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

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

CERTIFICATE OF COMPLIANCE

STATE OF ARKANSAS

Form	Description
09SPWL	Single Premium Whole Life Insurance Policy

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.

July 15, 2009

Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

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

STATEMENT OF VARIABILITY

July 14, 2009

**SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
FORM 09SPWL**

Section / Section #	Page Number	Description
Front Cover Page	Cover	<ul style="list-style-type: none">• Life Insured's name and policy number vary based on issue specifications.• Plan name field is bracketed in case the Company wishes to market this form under a different product name.• Company Officer signatures bracketed as they may change.
1. Policy Specifications	3.0	<ul style="list-style-type: none">• Life Insured, Plan Name, Age at Policy Date, Policy Number, Sex, Issue Date, Policy Date, Risk Classification, and Supplementary Benefits all vary based on issue specifications.• The Governing Law field will show the state of issue.• Face Amount at Issue will vary based on issue specifications.• Base Policy Premium, Supplementary Benefits Premium, and Total Premium will all vary based on issue specifications.
1. Policy Specifications	3.1	<ul style="list-style-type: none">• Table of Values will vary based on issue specifications.
Back Cover Page	Back Cover	<ul style="list-style-type: none">• The address of the Company's Service Office and toll free number is bracketed as it may be changed in the future.