

SERFF Tracking Number: MANU-126488316 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 44815
Company Tracking Number: 10MPERF
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 10MPERF
Project Name/Number: 10MPERF/10MPERF

Filing at a Glance

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

Product Name: 10MPERF SERFF Tr Num: MANU-126488316 State: Arkansas
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 44815
Adjustable Life Closed
Sub-TOI: L09I.001 Single Life Co Tr Num: 10MPERF State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Deb Dann, Helene Disposition Date: 02/17/2010
Landow, Karren Phair, Debbie Tom,
Jacqueline Lau
Date Submitted: 02/11/2010 Disposition Status: Approved-Closed
Implementation Date: Implementation Date:

Implementation Date Requested:
State Filing Description:

General Information

Project Name: 10MPERF
Project Number: 10MPERF
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/17/2010

Deemer Date:
Submitted By: Debbie Tom
Filing Description:

INDIVIDUAL LIFE

Supplementary Benefit

Form 10MPERF – Performance Rider

We are submitting the above form for your approval. This form will be effective on the date of approval and will be issued with Policy Form 09MAJULX, Flexible Premium Adjustable Life Insurance Policy, which was approved by your

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments: Exempt in Michigan
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 02/17/2010
Created By: Debbie Tom
Corresponding Filing Tracking Number:

SERFF Tracking Number: MANU-126488316 State: Arkansas
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state on March 18, 2009 via Serff Tracking Number MANU-126060083. This form may be made available for previously and subsequently approved policies.

The form will be marketed primary to the general market by licensed agents through a specific distribution channel, the M Financial Group. The form is laser printed, subject to minor variations in paper stock, color, fonts, duplexing and positioning. This is a new form and does not replace any current existing approved form. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards.

Form 10MPERF, Performance Rider is an optional rider, which based on the Total Face Amount at Issue that is selected by the client, will apportion the Base Face Amount at Issue and the Supplemental Face Amount at Issue. Scheduled or unscheduled increases of Supplemental Face Amount are not available. There is no charge for this rider as the costs are built into the base policy.

This form is only available for Fully Underwritten risk classifications. This rider can only be added to the policy at issue and terminates when the policy terminates. An actuarial memorandum including the reserve statement is enclosed.

We trust this form is 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 416-852-3741 (collect) or via email at deb_dann@jhancock.com.

Sincerely,

Deb Dann
Senior Contract Analyst

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

Enclosures: Actuarial Memorandum including Reserve Statement
Statement of Variability
Filing Fee (EFT)
Flesch Score Certificate
Compliance Certification re Regulation 19

Company and Contact

Filing Contact Information

SERFF Tracking Number: MANU-126488316 State: Arkansas
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 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: 10MPERF
 Project Name/Number: 10MPERF/10MPERF

Deb Dann, Senior Contract Analyst deb_dann@jhancock.com
 P. O. Box 600 416-852-3741 [Phone]
 Buffalo, NY 14201-0600 416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan
 (U.S.A.)
 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: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| John Hancock Life Insurance Company (U.S.A.) | \$20.00 | 02/11/2010 | 34136240 |

SERFF Tracking Number: MANU-126488316 State: Arkansas
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Adjustable Life
Product Name: 10MPERF
Project Name/Number: 10MPERF/10MPERF

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------------|------------|------------|----------------|
| Approved- Closed | Linda Bird | 02/17/2010 | 02/17/2010 |

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Disposition

Disposition Date: 02/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-126488316 State: Arkansas
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 44815
 Company Tracking Number: 10MPELF
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: 10MPELF
 Project Name/Number: 10MPELF/10MPELF

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Health - Actuarial Justification | | No |
| Supporting Document | Outline of Coverage | | No |
| Supporting Document | Actuarial Memorandum and Reserve Statement | | No |
| Supporting Document | Statement of Variability | | Yes |
| Supporting Document | Cover Letter | | Yes |
| Form | Performance Rider | | Yes |

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 Adjustable Life
 Product Name: 10MPERF
 Project Name/Number: 10MPERF/10MPERF

Form Schedule

Lead Form Number:

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|--|---------|----------------------|-------------|-----------------------|
| | 10MPERF | Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 51.000 | 10MPERF (generic).pdf |



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

SUPPLEMENTARY BENEFIT
PERFORMANCE RIDER

This rider is part of the policy to which it is attached in consideration of the application, a copy of which is also attached to and made a part of the policy. It takes effect at the same time as your policy and will terminate on the date the policy terminates. Should any provisions in the policy conflict with this rider, the provisions of this rider will prevail.

The Life Insured for this benefit is the same person who is the Life Insured under your policy as shown in the Policy Specifications, Section 1.

RIDER OPTION

For the requested amount of Total Face Amount at Issue, the election of this rider will apportion the Base Face Amount at Issue and the Supplemental Face Amount at Issue. These amounts are shown in the Policy Specifications, Section 1.

RIDER CHARGE

There is no explicit charge for this rider. The cost of this benefit is charged monthly as part of the Monthly Deductions under the policy, as shown in the Policy Value section of your policy to which this rider is attached.

EFFECT ON YOUR POLICY

This rider will have the following effect on the policy.

- (a) the Unscheduled Supplemental Face Amount Increase Charge as shown in the Policy Specifications, Section 1, does not apply as increases are not available;
- (b) election of any scheduled increase in Supplemental Face Amount is not available; and
- (c) election of any unscheduled increase in Supplemental Face Amount is not available.

REINSTATEMENT

This rider will be reinstated with the policy, subject to the same conditions that apply for reinstating the policy.

TERMINATION

This rider terminates on the date the policy terminates. It cannot be terminated prior to termination of the policy.

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

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Satisfied - Item: Flesch Certification | | |
| Comments: | | |
| Attachments: | | |
| AR - cert re Reg 19 ar.pdf | | |
| readability cert ar.pdf | | |

| | Item Status: | Status Date: |
|--------------------------------------|---------------------|-------------------------|
| Bypassed - Item: Application | | |
| Bypass Reason: not applicable | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Bypassed - Item: Outline of Coverage | | |
| Bypass Reason: not applicable | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Satisfied - Item: Statement of Variability | | |
| Comments: | | |
| Attachment: | | |
| Statement of Variability 10MPERF.pdf | | |

| | Item Status: | Status Date: |
|---------------------------------------|---------------------|-------------------------|
| Satisfied - Item: Cover Letter | | |
| Comments: | | |

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

COMPLIANCE CERTIFICATION

STATE OF ARKANSAS

10MPERF

Performance Rider

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.

February 1, 2010
Date



Helene Landow, FLMI, ACP
Director, U.S. Contracts

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

**READABILITY CERTIFICATE
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 NUMBER

10MPERF

READABILITY SCORE

51

February 5, 2010
Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

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

STATEMENT OF VARIABILITY

February 5, 2010

PERFORMANCE RIDER

FORM 10MPERF

| Section / Section # | Description |
|----------------------------|---|
| Signature | <ul style="list-style-type: none">• Officer Signature is bracketed to accommodate future changes. |

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

Contracts and Compliance
P.O. Box 600
Buffalo, NY 14201-0600
Tel. 416-852-3741
Fax: 416-926-3121
Email: deb_dann@jhancock.com



N.A.I.C. # 65838
SERFF Tracking # MANU-126488316

Deb Dann
Senior Contract Analyst

February 11, 2010

Hon. Commissioner of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attention: Linda Bird

INDIVIDUAL LIFE

Supplementary Benefit

Form 10MPERF – Performance Rider

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