

SERFF Tracking Number: MANU-127345673 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49428  
Company Tracking Number: NB5176US (09/2011)  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: NB5176US (09/2011)  
Project Name/Number: NB5176US (09/2011)/NB5176US (09/2011)

## Filing at a Glance

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

Product Name: NB5176US (09/2011) SERFF Tr Num: MANU-127345673 State: Arkansas  
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 49428  
Adjustable Life Closed  
Sub-TOI: L09I.001 Single Life Co Tr Num: NB5176US (09/2011) State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Authors: Helene Landow, Karren Disposition Date: 08/05/2011  
Phair, Debbie Tom, Jacqueline Lau,  
Virginia Bove  
Date Submitted: 07/29/2011 Disposition Status: Approved-  
Closed  
Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: NB5176US (09/2011) Status of Filing in Domicile:  
Project Number: NB5176US (09/2011) Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments: State of Domicile:  
Michigan  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 08/05/2011  
State Status Changed: 08/05/2011  
Deemer Date: Created By: Debbie Tom  
Submitted By: Debbie Tom Corresponding Filing Tracking Number:  
Filing Description:  
INDIVIDUAL LIFE

We are submitting the above new supplemental application form for your approval. This form will be utilized when issuing approved Indexed Universal Life policies. The form does not replace any currently approved forms.

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No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards. The form will be available electronically for completion and submission either in printed or electronic format, providing the option for wet or electronic signature, without change in the pre-formatted content.

Form NB5176US (09/2011), Indexed UL – Premium and Maturing Segment Allocation Details will be used by the owner to provide instructions for premium allocation and reallocation of account values to all available accounts.

The Service Office address, Premium Payment Allocation, Index Appreciation account Segment Maturity Allocation selections are being filed as variable information [shown in brackets] to accommodate future changes.

We trust the 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 416-852-2035(collect) or via e-mail at debbie\_tom@jhancock.com

## Company and Contact

### Filing Contact Information

Debbie Tom, Contract Analyst	Debbie_Tom@jhancock.com
200 Bloor St E	416-852-2035 [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]		

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	07/29/2011	50203090

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/05/2011	08/05/2011

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## Disposition

Disposition Date: 08/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Form	Indexed UL – Premium and Maturing Segment Allocation Details		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
	NB5176US (09/2011)	Application/Indexed UL – Enrollment Form Premium and Maturing Segment Allocation Details	Initial		45.000	NB5176US.pdf



LIFE INSURANCE

Service Office:
Life New Business
197 Clarendon Street
Boston MA 02116-5010

Indexed UL - Premium and
Segment Proceeds Allocation Instructions
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

This form is part of the Application for Life Insurance for the Proposed Life Insured.
Print and use black ink. Any changes must be initialed by the Proposed Life Insured and/or Owner.

PROPOSED LIFE INSURED

1. Name First Middle Last
JOHN M. DOE

OWNER - Complete information only if Owner is other than Proposed Life Insured

2. Name of Owner First Middle Last

PREMIUM PAYMENT ALLOCATION - Allocate premiums to the following accounts

3. 50 % Capped Indexed Account
50 % Uncapped Indexed Account
% Guaranteed Interest Account
100 % Total (must equal 100%)
Your premium allocations will remain in effect for all premium payments that you make, until such time that you submit new premium allocation instructions.

SEGMENT PROCEEDS ALLOCATION - Allocate Segment Proceeds to the following accounts

4. Allocate upon maturity
a) From To
[X] Capped Indexed Account 100 % Capped Indexed Account
% Uncapped Indexed Account
% Guaranteed Interest Account
100 % Total (must equal 100%)
b) From To
[X] Uncapped Indexed Account % Capped Indexed Account
100 % Uncapped Indexed Account
% Guaranteed Interest Account
100 % Total (must equal 100%)
In the absence of any Segment Proceeds allocation instructions, your policy's Segment Proceeds will automatically be reallocated 100% to new segments of the same Index Appreciation Account type.

OWNER SIGNATURE

By signing below, I certify that I agree to the selections above and confirm that I have reviewed and read the conditions above. I also certify that I have reviewed the information provided and it correctly reflects my selections.

X
Signature of Owner (Provide title or corporate seal, if Signing Officer or Trustee)

Owner - Signed at City State This Day of Year

AGENT SIGNATURE

X
Signature of Agent

Signed this Day of Year

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> flesch ar.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability US.pdf		

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

**FLESCH SCORE 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.

<b>FORM NUMBER</b>	<b>READABILITY SCORE</b>
NB5176US (09/2011)	40*

\*Joint score for application and policy combined.

July 29, 2011  
Date

  
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Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

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

**STATEMENT OF VARIABILITY**

**July 29, 2011**

**Indexed UL – Premium and Maturing Segment Allocation Details**

**FORM NB5176US (09/2011)**

<b>Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Premium Payment Allocation #4	Page 1	The Premium Payment Allocation section is bracketed to accommodate future changes. Changes, including additions and deletions, will be made from time to time to the names of the accounts. Current selections will always appear on the form.
Index Appreciation Account Segment Maturity Allocation #5	Page 1	The Index Appreciation account Segment Maturity Allocation section is bracketed to accommodate future changes. Changes, including additions and deletions, will be made from time to time to the names of the accounts. Current selections will always appear on the form.