

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (U.S.A.)
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Spec Pages for 10PROULG - Reprice (01/2013)
Project Name/Number: Spec Pages for 10PROULG - Reprice (01/2013)/Spec Pages for 10PROULG - Reprice (01/2013)

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)
 Product Name: Spec Pages for 10PROULG - Reprice (01/2013)
 State: Arkansas
 TOI: L09I Individual Life - Flexible Premium Adjustable Life
 Sub-TOI: L09I.001 Single Life
 Filing Type: Form
 Date Submitted: 11/23/2012
 SERFF Tr Num: MANU-128777424
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: SPEC PAGES FOR 10PROULG - REPRICE (01/2013)

Implementation
 Date Requested:
 Author(s): Helene Landow, Karren Phair, Debbie Tom, Jacqueline Lau, Joel Meggs, Kelly Picard
 Reviewer(s): Linda Bird (primary)
 Disposition Date: 11/29/2012
 Disposition Status: Approved-Closed
 Implementation Date:

State Filing Description:

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General Information

Project Name: Spec Pages for 10PROULG - Reprice (01/2013) Status of Filing in Domicile:
Project Number: Spec Pages for 10PROULG - Reprice (01/2013) Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 11/29/2012
State Status Changed: 11/29/2012
Deemer Date: Created By: Kelly Picard
Submitted By: Kelly Picard Corresponding Filing Tracking Number:

Filing Description:

INDIVIDUAL UNIVERSAL LIFE

Policy:

Specification Page 3.0 (01/2013)
Specification Page 3A (01/2013)
Specification Page 3B (01/2013)

We are submitting to your office notification of rate changes to Policy Form, 10PROULG. These rate changes will apply to all new policies being issued and do not affect any in-force policies. These increases are due to changes in market conditions.

Please note that the below forms were the subject of an earlier reprice; that submission was filed under SERFF Tracking Number MANU-127851038 and was approved December 7, 2011.

Form 10PROULG, Flexible Premium Universal Life Insurance Policy, was approved by your office on January 13, 2010, under SERFF Tracking # MANU-126425774. These changes relate to increases in the Planned and Minimum Initial Premiums on Page 3.0, the Premium Charge percentages and the Surrender Charge calculation on Page 3A, and the Guaranteed Interest Account Annual Rate and the Death Benefit Discount Factor on Page 3B. Please find enclosed revised Policy Specification pages, bearing a revision date (01/2013), wherein these changes are reflected. These revised Specification Pages are meant to replace the corresponding pages that were filed and approved in the earlier submissions.

We enclose for your review and approval an updated Actuarial Memorandum reflecting these changes and demonstrating our continued compliance with your jurisdiction's statutes and regulations. With the exception of the above-noted changes, no revisions have been made to these forms or to the supporting documentation from the previous submissions. Please note that a similar submission is being filed contemporaneously for the Survivorship version of this product. That submission bears SERFF Tracking # MANU-12877419.

We trust you will find the foregoing acceptable, and look forward to your state's approval in the usual manner. Should you have any questions or concerns, please feel free to contact me at (416) 852-5431 or via e-mail at kelly_picard@jhancock.com
Sincerely,

Kelly Picard
Compliance Consultant

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

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Enclosures: Updated Actuarial Memorandum and Reserve Statement
 Filing Fee (EFT)

Company and Contact

Filing Contact Information

Kelly Picard, Compliance Consultant Kelly_Picard@jhancock.com
 200 Bloor St E 416-852-5431 [Phone]
 Toronto, ON M4w 1E5

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: \$150.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 3 forms
 Per Company: No

Company	Amount	Date Processed	Transaction #
John Hancock Life Insurance Company (U.S.A.)	\$150.00	11/23/2012	65150903

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/29/2012	11/29/2012

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Disposition

Disposition Date: 11/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Description (includes Basis of Reserves)		No
Form	Policy Specification		Yes
Form	Policy Specification		Yes
Form	Policy Specification		Yes

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Specification	3.0 (01/2013)	SCH	Initial		0.000	10PROULG 3.0(01-2013) AR.pdf
2		Policy Specification	3A (01/2013)	SCH	Initial		0.000	10PROULG 3A(01-2013).pdf
3		Policy Specification	3B (01/2013)	SCH	Initial		0.000	10PROULG 3B(01-2013).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

1. POLICY SPECIFICATIONS

Life Insured	[JOHN DOE]	Plan Name	[UL-G]
Age at Policy Date	[35]	Policy Number	[12 345 678]
[Sex]	[MALE]	Issue Date	[March 1, 2013]
Risk Classification	[Standard] [Non Smoker]	Policy Date	[March 1, 2013]
Additional Ratings	[not applicable]		
Owner, Beneficiary	As designated in the application unless subsequently changed		
Death Benefit Option at Issue	[Option 1]		
Life Insurance Qualification Test Elected	[Guideline Premium Test]		

Face Amount at Issue \$[100,000]

Governing Law [Arkansas]

PREMIUMS AT ISSUE

Premium Mode	[Annual]
Planned Premium	\$ [1,118.78 per Policy Year]
Minimum Initial Premium	\$ [51.99]

Notice: This policy provides life insurance coverage for the lifetime of the Life Insured if sufficient premiums are paid.

Keeping the policy and coverage in force will be affected by factors such as: changes in the current Cost of Insurance rates; the amount, timing and frequency of premium payments; the interest rate being credited to the Guaranteed Interest Account; changes to the Death Benefit Option; changes in the Face Amount; loan activity; withdrawals; and deductions for any applicable Supplementary Benefit riders that are attached to, and made a part of, this policy. Also refer to the Grace Period and Policy Termination provisions in Sections 9 and 10.

This policy will not go into default if all Planned Premiums shown above are paid when they are due, and you do not take any policy loans or withdrawals and there are no other policy changes. For purposes of the preceding statement we have assumed maximum mortality, maximum expenses, minimum interest and that you do not terminate any Supplementary Benefit riders that are attached to, and made a part, of this policy.

(SAMPLE FOR LAPSE PROTECTION INFORMATION WHEN THE PLANNED PREMIUM DOES NOT PROJECT A LAPSE)

1. POLICY SPECIFICATIONS

Life Insured	[JOHN DOE]	Plan Name	[UL-G]
Age at Policy Date	[35]	Policy Number	[12 345 678]
[Sex]	[MALE]	Issue Date	[March 1, 2013]
Risk Classification	[Standard] [Non Smoker]	Policy Date	[March 1, 2013]
Additional Ratings	[not applicable]		
Owner, Beneficiary	As designated in the application unless subsequently changed		
Death Benefit Option at Issue	[Option 1]		
Life Insurance Qualification Test Elected	[Guideline Premium Test]		
		Face Amount at Issue	[\$100,000]

Governing Law [Arkansas]

PREMIUMS AT ISSUE

Premium Mode	[Annual]
Planned Premium	\$ [1,000.00 per Policy Year]
Minimum Initial Premium	\$ [51.99]

Notice: This policy provides life insurance coverage for the lifetime of the Life Insured if sufficient premiums are paid.

Keeping the policy and coverage in force will be affected by factors such as: changes in the current Cost of Insurance rates; the amount, timing and frequency of premium payments; the interest rate being credited to the Guaranteed Interest Account; changes to the Death Benefit Option; changes in the Face Amount; loan activity; withdrawals; and deductions for any applicable Supplementary Benefit riders that are attached to, and made a part of, this policy. Also refer to the Grace Period and Policy Termination provisions in Sections 9 and 10.

This policy will provide coverage until Policy Month [3], Policy Year [49], if all Planned Premiums shown above are paid when they are due, and you do not take any policy loans or withdrawals and there are no other policy changes. For purposes of the preceding statement we have assumed maximum mortality, maximum expenses, minimum interest and that you do not terminate any Supplementary Benefit riders that are attached to, and made a part, of this policy.

(SAMPLE FOR LAPSE PROTECTION INFORMATION WHEN THE PLANNED PREMIUM PROJECTS A LAPSE)

1. POLICY SPECIFICATIONS (continued) – Policy [12 345 678]

MAXIMUM EXPENSE CHARGES**Deductions from Premium Payments**

Premium Charge 15% of each premium paid

Monthly Deductions: the following charges are deducted monthly from the Policy Value

Administrative Charge \$10.00
Contract Charge \$[0.0018] per \$1,000 of Face Amount.
Coverage Expense Charge \$[0.0250] per \$1,000 of Face Amount
Cost of Insurance Charge Determined in accordance with Section 13. Maximum monthly rates per \$1,000 are shown in Section 2.

Other Charges

Surrender Charge Charge deducted from the Policy Value during the Surrender Charge Period. See Sections 5 and 16 for details of when a Surrender Charge applies.

The Surrender Charge for the Face Amount at Issue is \$[2,205.24], minus; the greater of (a) or (b) where:

- (a) is 2% multiplied by the lesser of the following two values:
\$[1,018.93] or the sum of premiums paid in the first Policy Year;
and
- (b) is 1% of the sum of premiums paid in the first Policy Year.

The Surrender Charge will reduce monthly over the Surrender Charge Period until it becomes zero. The table below shows the applicable grading percentage at the beginning of each Policy Year during the Surrender Charge Period (proportionate grading percentages apply for other Policy Months). The amount to which the Surrender Charge is reduced at any time is determined by multiplying the initial amount of Surrender Charge by the percentage that is applicable at that interval during the Surrender Charge Period.

Surrender Charge Period (Policy Year)	Maximum Percentage of Surrender Charge	Surrender Charge Period (Policy Year)	Maximum Percentage of Surrender Charge
1	[100.00]%	10	[50.00]%
2	[94.44]%	11	[44.44]%
3	[88.89]%	12	[38.89]%
4	[83.33]%	13	[33.33]%
5	[77.78]%	14	[27.78]%
6	[72.22]%	15	[22.22]%
7	[66.67]%	16	[16.67]%
8	[61.11]%	17	[11.11]%
9	[55.56]%	18	[5.56]%
		19	[0.00]%

Supplementary Benefit Rider Charges Charges for applicable riders are shown under Supplementary Benefits of this Section 1.

TABLE OF VALUES

Refer to your policy provisions for details on the terms and values shown in this table.

Minimum Face Amount	\$ 100,000
Minimum Face Amount Decrease	\$ 50,000
Guaranteed Interest Account Annual Rate	Not less than 2%
Loan Interest Rate	[Variable] or [Fixed 6.00%]
Maximum Loan Interest Credited Differential	2%
Minimum Loan Amount	\$500
Minimum Withdrawal Amount	\$500
Death Benefit Discount Factor	1.0016516