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03 FEB 14 PM 12:

## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <u>John Hancock Life Insurance Company</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>200 Clarendon St (PO Box 111)</u>			
3. Principal Place of Business (if different from line 2) City: <u>Boston</u> State/Zip (or Country) <u>Ma 02117</u>			
4. Contact Name <u>MARY K. GALLAGHER</u>	Telephone <u>(617) 572-6444</u>	E-mail (optional) <u>mgallagher@jhancock.com</u>	5. Senate <u>606</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House <u>353</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) ☐ OR Year End (July

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇒ Termination Date \_\_\_\_\_ 11. No Lo

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for 1 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>560,001</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to accounting method. See instructions for description.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA</p> <p><input type="checkbox"/> Method B. Reporting amounts under sect Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under sect Internal Revenue Code</p>
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Signature Mary L. Gallagher  
Printed Name and Title Mary L. Gallagher, VP Cont. Relations  
LD-2 (REV. 6/98)

Registrant Name JOHN HANCOCK LIFE INS. CO. Client Name SELF

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code FIN (one per page)

16. Specific lobbying issues

*legislation restricting loans to corp. officers  
split dollar life ins.*

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

*United States Senate  
House of Rep.*

18. Name of each individual who acted as a lobbyist in this issue area

Name

Covered Official Position (if applicable)

*Mary K. Gallagher*

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature

*Mick Gallagher*

Date 2-13-

Printed Name and Title Mary K. Gallagher, Vice Pres. Court

Form I.D-2 (Rev. 6/98)

Registrant Name JOHN HANCOCK LIFE INS. CO. Client Name SELF

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

*Fed Terrorism Reinsurance*

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

*House of Rep.  
United States Senate  
Dept. of Treasury*

18. Name of each individual who acted as a lobbyist in this issue area

Name

Covered Official Position (if applicable)

*Mary K. Gallagher*

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature *[Handwritten Signature]* Date \_\_\_\_\_  
Printed Name and Title Mary K Gallagher, Vice Pres Govt Rel.

Form I.D-2 (Rev.6/98)

Registrant Name JOHN HANCOCK LIFE INS. CO. Client Name SELF

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code TAX (one per page)

16. Specific lobbying issues.

Above the line Deduction for long term care in S  
legislation to repeal the estate tax  
TAX treatment of COLI  
tax treatment of split dollar life ins

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House of Rep.  
United States Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name

Covered Official Position (if applicable)

Marg K Gallagher

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature

Marg K Gallagher

Date 2-13-0

Printed Name and Title Mary K<sup>O</sup> Gallagher, Vice Pres. Govt

Form I.D-2 (Rev 6/98)



Registrant Name JOHN HANCOCK LIFE INS. CO. Client Name SELF

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code Ret (one per page)

16. Specific lobbying issues

*Legislation on ERISA rules for investment and plan participants*

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

*United States Senate*

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<i>Mary K Gallagher</i>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature *Mary K Gallagher* Date 2-13-0

Printed Name and Title

*Marg L Gallagher, Vice Pres, Govt Relatz*

Form I.D-2 (Rev.6/98)

Registrant Name JOHN HANCOCK LIFE INSURANCE Client Name SELF

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City ..... State/Zip (or Country) .....

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of (city and state or country)
.....	.....	.....

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
.....	.....	.....	.....

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registered affiliated organization

Signature Mary E. Gallagher Date 2-13-0  
Printed Name and Title Mary E. Gallagher, Vice President Govt  
Form LD-2 (Rev. 6/98)