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FILED

**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830580 (7)
1. Corporation Name
JOHN ALDEN LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
**7300 CORPORATE CENTER DR.
P.O. BOX 020270
MIAMI FL 33126** **7300 CORPORATE CENTER DR.
P.O. BOX 020270
MIAMI FL 33126-1232**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/01/1973 **02/28/1996**

4. FEI Number Applied For
41-0999752 Not Applicable

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME **ROSENBERGER, ROGER L.**

STREET ADDRESS **7300 CORP.CENTER DR.**

CITY - ST - ZIP **MIAMI FL**

TITLE CDP DELETE

NAME **JOHNSON, GLENDON E.**

STREET ADDRESS **7300 CORP.CENTER DR.**

CITY - ST - ZIP **MIAMI FL**

TITLE VSD DELETE

NAME **WARDLOW, ANNE V.**

STREET ADDRESS **7300 CORP.CENTER DR.**

CITY - ST - ZIP **MIAMI FL**

TITLE VT DELETE

NAME **PIEL, WILLIAM G.**

STREET ADDRESS **7300 CORP.CENTER DR.**

CITY - ST - ZIP **MIAMI FL**

TITLE DV DELETE

NAME **WILKINS, WILLIAM S.**

STREET ADDRESS **7300 CORP.CENTER DR.**

CITY - ST - ZIP **MIAMI FL**

TITLE VD DELETE

NAME **STANTON, SCOTT L**

STREET ADDRESS **7300 CORPORATE CENTER DRIVE**

CITY - ST - ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE CDP Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE VSD Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anne V Wardlow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 5, 1997
Date Daytime Phone #

CR2E034 (9/96)