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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 830580

1. Corporation Name
JOHN ALDEN LIFE INSURANCE COMPANY

Principal Place of Business
 7300 CORPORATE CENTER DR.
 P.O. BOX 020270
 MIAMI FL 33126

Mailing Address
 7300 CORPORATE CENTER DR.
 P.O. BOX 020270
 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1973

4. FEI Number
41-0999752 Applied For
 Yes Not Applicable

5. 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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	CDP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GLENDON E.	
STREET ADDRESS	7300 CORP.CENTER DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	WARDLOW, ANNE V.	
STREET ADDRESS	7300 CORP.CENTER DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SPENCE, GLEN A	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WILKINS, WILLIAM S.	
STREET ADDRESS	7300 CORP.CENTER DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STANTON, SCOTT L	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Allen R. Freedman	
1.3 STREET ADDRESS	One Chase Manhattan Plaza	
1.4 CITY-ST-ZIP	New York, NY 10005	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	J. Kerry Clayton	
2.3 STREET ADDRESS	One Chase Manhattan Plaza	
2.4 CITY-ST-ZIP	New York, NY 10005	
3.1 TITLE	Director/President/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Benjamin M. Cutler, III	
3.3 STREET ADDRESS	One Chase Manhattan Plaza	
3.4 CITY-ST-ZIP	New York, NY 10005	
4.1 TITLE	Vice President/Genreal Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	and Secretary Ann Graves Mayberry-French	
4.3 STREET ADDRESS	One Chase Manhattan Plaza	
4.4 CITY-ST-ZIP	New York, NY 10005	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Arie A. Fakkert	
5.3 STREET ADDRESS	One Chase Manhattan Plaza	
5.4 CITY-ST-ZIP	New York, NY 10005	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	J. Grover Thomas, Jr.	
6.3 STREET ADDRESS	One Chase Manhattan Plaza	
6.4 CITY-ST-ZIP	New York, NY 10005	

14. I 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, with all other like empowered.

SIGNATURE: Gary M. Reach Gary M. Reach, Vice President January 12, 1999 305/715/3256
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)