

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90342 048 \*\*\*150.00

**DOCUMENT # 830580**

1. Entity Name  
**JOHN ALDEN LIFE INSURANCE COMPANY**



Principal Place of Business  
**501 W MICHIGAN  
MILWAUKEE, WI 53203**

Mailing Address  
**PO BOX 3050  
MILWAUKEE, WI 53201-3050**



04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-0999752</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMM, DONALD G JR 501 W MICHIGAN MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALME-KRIZAK, CHRISTINA R 501 W MICHIGAN MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAU, GARY L 501 W MICHIGAN MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OATMAN, JAMES 501 W MICHIGAN MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, HOWARD 501 W MICHIGAN MILWAUKEE, WI 53203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMM, DONALD G JR 501 W MICHIGAN STREET MILWAUKEE, WI 53203

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CPal* 4/6/06 800/800-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #