


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90013 026 ***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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 41-0999752			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399-0000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HAMM, DONALD G JR	NAME					
STREET ADDRESS	501 W MICHIGAN	STREET ADDRESS					
CITY-ST-ZIP	MILWAUKEE, WI 53203	CITY-ST-ZIP					
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PALME-KRIZAK, CHRISTINA R	NAME					
STREET ADDRESS	501 W MICHIGAN	STREET ADDRESS					
CITY-ST-ZIP	MILWAUKEE, WI 53203	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LAU, GARY L	NAME					
STREET ADDRESS	501 W MICHIGAN	STREET ADDRESS					
CITY-ST-ZIP	MILWAUKEE, WI 53203	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	OATMAN, JAMES	NAME	JEANNIE ARAGON-CAR				
STREET ADDRESS	501 W MICHIGAN	STREET ADDRESS	11222 QUAIL ROOST DRIVE				
CITY-ST-ZIP	MILWAUKEE, WI 53203	CITY-ST-ZIP	MIAMI, FL 33157				
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MILLER, HOWARD	NAME					
STREET ADDRESS	501 W MICHIGAN	STREET ADDRESS					
CITY-ST-ZIP	MILWAUKEE, WI 53203	CITY-ST-ZIP					
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CUTLER, BENJAMIN M	NAME	Donald G. Hamm, Jr.				
STREET ADDRESS	501 W MICHIGAN	STREET ADDRESS	501 W. Michigan St.				
CITY-ST-ZIP	MILWAUKEE, WI 53203	CITY-ST-ZIP	Milwaukee, WI 53203 Director				
12. 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 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: <i>Jeannie Aragon-Car</i>		Asst. Secretary		305-253-2244			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/23/07		Daytime Phone: X33003			