

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830580

FILED
Feb 05, 2009
Secretary of State

Entity Name: JOHN ALDEN LIFE INSURANCE COMPANY

Current Principal Place of Business:

501 W MICHIGAN
MILWAUKEE, WI 53203

New Principal Place of Business:

Current Mailing Address:

PO BOX 3050
MILWAUKEE, WI 532013050

New Mailing Address:

FEI Number: 41-0999752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAMM, DONALD G JR
Address: 501 W. MICHIGAN ST.
City-St-Zip: MILWAUKEE, WI 53203

Title: S () Delete
Name: EUWEMA, JOHNA
Address: 501 W MICHIGAN
City-St-Zip: MILWAUKEE, WI 53203

Title: V () Delete
Name: LAU, GARY L
Address: 501 W MICHIGAN
City-St-Zip: MILWAUKEE, WI 53203

Title: TCFO () Delete
Name: MILLER, HOWARD
Address: 501 W MICHIGAN
City-St-Zip: MILWAUKEE, WI 53203

Title: AS () Delete
Name: ARAGON-CAR, JEANNIE
Address: 11222 QUAIL ROAST DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KOPPS-WAGNER, JENNIFER M
Address: 501 W MICHIGAN
City-St-Zip: MILWAUKEE, WI 53203

Title: VP (X) Change () Addition
Name: LAU, GARY L
Address: 501 W MICHIGAN
City-St-Zip: MILWAUKEE, WI 53203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROAST DRIVE
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE ARAGON-CRUZ

AS

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date