

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830580

FILED  
Jan 07, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LAMNIN, ADAM D  
Address: 501 W. MICHIGAN ST.  
City-St-Zip: MILWAUKEE, WI 53203

Title: SD  
Name: KOPPS-WAGNER, JENNIFER M  
Address: 501 W MICHIGAN  
City-St-Zip: MILWAUKEE, WI 53203

Title: D  
Name: MILLER, HOWARD  
Address: 501 W MICHIGAN  
City-St-Zip: MILWAUKEE, WI 53203

Title: TCFO  
Name: DZIEDZIC, STEVEN  
Address: 501 W MICHIGAN  
City-St-Zip: MILWAUKEE, WI 53203

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

I hereby 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 all other like empowered.

SIGNATURE: JEANNIE ARAGON-CRUZ

AS

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date