

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830580

Entity Name: JOHN ALDEN LIFE INSURANCE COMPANY

Current Principal Place of Business:

501 W MICHIGAN
MILWAUKEE, WI 53203

Current Mailing Address:

PO BOX 3050
MILWAUKEE, WI 53201-3050

FEI Number: 41-0999752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

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

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

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

Title TREASURER
Name BERQUIST, MARK
Address 501 W MICHIGAN
City-State-Zip: MILWAUKEE WI 53203

Title DIRECTOR
Name BERQUIST, MARK
Address 501 W MICHIGAN
City-State-Zip: MILWAUKEE WI 53203

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

ASSISTANT SECRETARY 01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date