

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 830580

**Entity Name:** JOHN ALDEN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

501 WEST MICHIGAN ST  
MILWAUKEE, WI 53203

**Current Mailing Address:**

P.O. BOX 3050  
MILWAUKEE, WI 53201-3050 US

**FEI Number:** 41-0999752

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** JEANNIE AMY ARAGON-CRUZ

01/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR, PRESIDENT,  
CEO  
Name SEGUIN, PAULA M  
Address 501 WEST MICHIGAN ST  
City-State-Zip: MILWAUKEE WI 53203

Title CFO, TREASURER, DIRECTOR  
Name BOLOVINOS, ATHANASIOS  
Address 501 WEST MICHIGAN ST  
City-State-Zip: MILWAUKEE WI 53203

Title SECRETARY  
Name ARAGON-CRUZ, JEANNIE AMY  
Address 11222 QUAIL ROOST DRIVE  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name KURZROK, ERIC M  
Address 501 WEST MICHIGAN ST  
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 AMY ARAGON-CRUZ

SECRETARY

01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date