

2013 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
P O BOX 6200 (32314-6200)
200 E. GAINES ST
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

AS

01/04/2013

Electronic Signature of Signing Officer/Director Detail_____
Date