

**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