

2016 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:

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

04/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title SECRETARY, DIRECTOR
Name PIERCE, MICHELLE R
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: MICHELLE R PIERCE

SECRETARY

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date