

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