

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830580

Entity Name: JOHN ALDEN LIFE INSURANCE COMPANY**Current Principal Place of Business:**8040 EXCELSIOR DRIVE
SUITE 400
MADISON, WI 53717**Current Mailing Address:**11222 QUAIL ROOST DRIVE
MIAMI, FL 33157 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

04/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CHAIRMAN, DIRECTOR, PRESIDENT,
CEO**Name** SEGUIN, PAULA M**Address** 8040 EXCELSIOR DRIVE
SUITE 400**City-State-Zip:** MADISON WI 53717**Title** CFO, TREASURER, DIRECTOR**Name** BOLOVINOS, ATHANASIOS**Address** 8040 EXCELSIOR DRIVE
SUITE 400**City-State-Zip:** MADISON WI 53717**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** 8040 EXCELSIOR DRIVE
SUITE 400**City-State-Zip:** MADISON WI 53717

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**

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date