#### **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 830580** 

**Entity Name: JOHN ALDEN LIFE INSURANCE COMPANY** 

**Current Principal Place of Business:** 

21600 OXNARD STREET, SUITE 1500 WOODLAND HILLS, CA 91367

# **Current Mailing Address:**

21600 OXNARD STREET, SUITE 1500 WOODLAND HILLS, CA 91367 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 03/12/2023

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail:

Name

Title DIRECTOR Title VP

Name HUGHES, ALAN S. Name GARVEY, ALTHEA E.

Address 21600 OXNARD STREET, SUITE 1500 Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367 City-State-Zip: WOODLAND HILLS CA 91367

Title VP Title PRESIDENT, DIRECTOR

Name CHEUNG-YAN HUNG, DAVID Name GLICKMAN, JAMES M.

Address 21600 OXNARD STREET, SUITE 1500 Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367 City-State-Zip: WOODLAND HILLS CA 91367

Title VP, DIRECTOR Title VP

Name PETERS, JAY R. Name ROGERS, JIMMY DALE

Address 21600 OXNARD STREET, SUITE 1500 Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367 City-State-Zip: WOODLAND HILLS CA 91367

Title SECRETARY, GENERAL COUNSEL, Title TREASURER, SENIOR VICE

SENIOR VICE PRESIDENT

PRESIDENT, CFO

GOMEZ, JORGE Name SORICE, JULIANNE

Address 21600 OXNARD STREET, SUITE 1500 Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367 City-State-Zip: WOODLAND HILLS CA 91367

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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: JORGE GOMEZ SECRETARY 03/12/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 12, 2023

**Secretary of State** 

2027068627CC

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name SHEARBURN, KIRK R.

Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367

Title VP

Name SEEMAN, NORMAN

Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR

Name COHEN, SETH L.

Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR

Name GLICKMAN, MARLENE GONIK

Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367

Title VP, SENIOR VICE PRESIDENT

Name DIFFLEY, PETER

Address 21600 OXNARD STREET, SUITE 1500

City-State-Zip: WOODLAND HILLS CA 91367