

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 830580 (7)**  
1. Corporation Name  
**JOHN ALDEN LIFE INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
**7300 CORPORATE CENTER DR.  
P.O. BOX 020270  
MIAMI FL 33126**      **7300 CORPORATE CENTER DR.  
P.O. BOX 020270  
MIAMI FL 33126-1232**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/01/1973**      **02/28/1996**

4. FEI Number      Applied For  
**41-0999752**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent  
**FLORIDA INSURANCE COMMISSIONER  
STATE CAPITOL  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE      P       DELETE

NAME      **ROSENBERGER, ROGER L.**

STREET ADDRESS      **7300 CORP.CENTER DR.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      CDP       DELETE

NAME      **JOHNSON, GLENDON E.**

STREET ADDRESS      **7300 CORP.CENTER DR.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      VSD       DELETE

NAME      **WARDLOW, ANNE V.**

STREET ADDRESS      **7300 CORP.CENTER DR.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      VT       DELETE

NAME      **PIEL, WILLIAM G.**

STREET ADDRESS      **7300 CORP.CENTER DR.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      DV       DELETE

NAME      **WILKINS, WILLIAM S.**

STREET ADDRESS      **7300 CORP.CENTER DR.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      VD       DELETE

NAME      **STANTON, SCOTT L**

STREET ADDRESS      **7300 CORPORATE CENTER DRIVE**

CITY - ST - ZIP      **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE      CDP       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE      VSD       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anne V Wardlow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 5, 1997  
Date      Daytime Phone #

CR2E034 (9/96)