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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830580

1. Corporation Name
JOHN ALDEN LIFE INSURANCE COMPANY

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

Mailing Address
**7300 CORPORATE CENTER DR.
P.O. BOX 020270
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1973

4. FEI Number

41-0999752

Applied For
☐ 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CDP** ☒ DELETE
NAME **JOHNSON, GLENDON E.**
STREET ADDRESS **7300 CORP.CENTER DR.**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **Chairman of the Board** ☐ Change ☒ Addition
1.2 NAME **Allen R. Freedman**
1.3 STREET ADDRESS **One Chase Manhattan Plaza**
1.4 CITY-ST-ZIP **New York, NY 10005**

TITLE **VSD** ☒ DELETE
NAME **WARDLOW, ANNE V.**
STREET ADDRESS **7300 CORP.CENTER DR.**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **J. Kerry Clayton**
2.3 STREET ADDRESS **One Chase Manhattan Plaza**
2.4 CITY-ST-ZIP **New York, NY 10005**

TITLE **VT** ☐ DELETE
NAME **SPENCE, GLEN A**
STREET ADDRESS **7300 CORPORATE CENTER DRIVE**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **Director/President/CEO** ☐ Change ☒ Addition
3.2 NAME **Benjamin M. Cutler, III**
3.3 STREET ADDRESS **One Chase Manhattan Plaza**
3.4 CITY-ST-ZIP **New York, NY 10005**

TITLE **DV** ☒ DELETE
NAME **WILKINS, WILLIAM S.**
STREET ADDRESS **7300 CORP.CENTER DR.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **Vice President/General Counsel** ☐ Change ☒ Addition
4.2 NAME **and Secretary Ann Graves Mayberry-French**
4.3 STREET ADDRESS **One Chase Manhattan Plaza**
4.4 CITY-ST-ZIP **New York, NY 10005**

TITLE **VD** ☒ DELETE
NAME **STANTON, SCOTT L**
STREET ADDRESS **7300 CORPORATE CENTER DRIVE**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Arie A. Fakkert**
5.3 STREET ADDRESS **One Chase Manhattan Plaza**
5.4 CITY-ST-ZIP **New York, NY 10005**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **Director** ☐ Change ☒ Addition
6.2 NAME **J. Grover Thomas, Jr.**
6.3 STREET ADDRESS **One Chase Manhattan Plaza**
6.4 CITY-ST-ZIP **New York, NY 10005**

14. I 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, with all other like empowered.

SIGNATURE:

Gary M. Reach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary M. Reach, Vice President January 12, 1999 305/715/3256

Date

Daytime Phone #

CR2E034 (11/98)