

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jlm Smith  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN -6 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 830580

1. Corporation Name

John Alden Life Insurance Company

2. Principal Office Address

501 W. Michigan

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3050

Suite, Apt. #, etc.

City & State

Milwaukee, WI

City & State

Milwaukee, WI

Zip

53203

Country

USA

Zip

53201-3050

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

May 8, 1969

5. FEI Number

410999752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Insurance Commissioner

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

200 East Gaines Street

Suite, Apt. #, Etc.

Room 358 Larson Bldg.

City

Tallahassee

State  
FL

Zip Code  
32399-0300

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Donald G. Hamm, Jr.	501 W. Michigan	Milwaukee, WI 53203
S	Ann G. Mayberry-French	501 W. Michigan	Milwaukee, WI 53203
V	Gary L. Lau	501 W. Michigan	Milwaukee, WI 53203
V	James Oatman	501 W. Michigan	Milwaukee, WI 53203
T	Howard Miller	501 W. Michigan	Milwaukee, WI 53203
D	Benjamin M Cutler	501 W. Michigan	Milwaukee, WI 53203

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)