

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90124 019 ***150.00

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DOCUMENT # 830580

1. Entity Name

JOHN ALDEN LIFE INSURANCE COMPANY



Principal Place of Business
501 W MICHIGAN
MILWAUKEE WI 53203

Mailing Address
PO BOX 3050
MILWAUKEE WI 53201-3050

00006606



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0999752

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
200 EAST GAINES STREET
ROOM 358 LARSON BLDG
TALLAHASSEE FL 32399-0300**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HAMM, DONALD G JR**
CITY-ST-ZIP **501 W MICHIGAN
MILWAUKEE WI 53203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MAYBERRY-FRENCH, ANN G**
CITY-ST-ZIP **501 W MICHIGAN
MILWAUKEE WI 53203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **LAU, GARY L**
CITY-ST-ZIP **501 W MICHIGAN
MILWAUKEE WI 53203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **OATMAN, JAMES**
CITY-ST-ZIP **501 W MICHIGAN
MILWAUKEE WI 53203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MILLER, HOWARD**
CITY-ST-ZIP **501 W MICHIGAN
MILWAUKEE WI 53203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CUTLER, BENJAMIN M**
CITY-ST-ZIP **501 W MICHIGAN
MILWAUKEE WI 53203**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1 Chase Manhattan Plaza**
CITY-ST-ZIP **New York, NY 10005**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann G Mayberry-French
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann G Mayberry-French

4/7/03 414.299.8053

Date

Daytime Phone #

CR2E034 (10/02)