

FORM PTO-1594
(Rev. 6-93)
OMB No. 0651-0011(exp. 4/94)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
JOHN ALDEN LIFE INSURANCE COMPANY
 7300 Corporate Center Drive
 Miami, FL 33126

Individual(s) Merger
 General Partnership Limited Partnership
 Corporation-State
 Other: Minnesota Corporation

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):
JOHN ALDEN LIFE INSURANCE COMPANY
 501 West Michigan Street
 Milwaukee, WI 53203

Individual(s) citizenship:
 Association:
 General Partnership:
 Limited Partnership:
 Corporation-State:
 Other: Wisconsin Corporation

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other: Redomestication

Effective Date: July 15, 2002

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from assignment)
 Additional name(s) & address(es) attached? Yes No

4. Application number(s) or patent number(s):

A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	1,180,468
	1,180,469
	1,299,075
	1,514,830

Additional numbers attached: Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Edward T. Colbert, Esq.
KENYON & KENYON
 1500 K Street, N.W., Suite 700
 Washington, DC 20005
 Fax (202) 220-4201

6. Total number of applications and registrations involved: **4**

7. Total fee (37 CFR 3.41).....\$115.00


Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
 11-0600
 (Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Anne Grosheitsch
 Name of Person Signing

 Signature

October 13, 2004
 Date

Total number of pages, including cover sheet, attachments and document: **3**

CH \$115.00 110600 1180468



Certificate of Authority *State of Wisconsin*

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certificate No. 11324
Date issued: 07/15/2002
License Chapter: 611 Wis. Stat.

This is To Certify, *That pursuant to the Insurance Laws of the state of Wisconsin,*

John Alden Life Insurance Company
Wisconsin

has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

- 1A Life insurance and annuities (Non participating)
- 1B Variable life insurance and variable annuities
- 1C Disability insurance

subject to the following limitations:

NONE

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

Conni O'Connell

Commissioner of Insurance

FROM FAEGRE & BENSON

(MON) 9.16'02 17:14/ST. 17:13/NO. 4862854704 P 3

No. 1443

STATE OF MINNESOTA



Department of Commerce

The Undersigned
COMMISSIONER OF COMMERCE
for the State of Minnesota hereby
certifies that

JOHN ALDEN LIFE INSURANCE COMPANY

organized under the laws of WISCONSIN

has made application, paid the fees required and in all other respects complied with the laws of the State of Minnesota and is hereby authorized to transact the business of an insurance company for the lines of insurance specified in Minnesota Statutes, Section 60A.06, subdivision 1, Clause(s):

4 INCLUDING VARIABLE CONTRACTS, 5A.

Unless this authority be suspended, revoked, or otherwise legally terminated, this certificate shall be in effect until June 1, 2003.

IN TESTIMONY WHEREOF, I have hereunto set my hand at my office in the City of St. Paul, Minnesota,

July 15, 2002

A handwritten signature in black ink, appearing to read "James C. Belton".

Commissioner of Commerce