FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name

828445

(7)

AAA LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address						a addidi adsid uldar ikun didar dii)		11 01811 B1811 1881
1000 AAA DRIVE HEATHROW FL 32746		1000 AAA DRIVE HEATHROW FL 3274	1000 AAA DRIVE HEATHROW FL 32746						
						3. Date Incorporated or Qualified 08/09/1972		of Last Re 1/23/19	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				52-089 1929			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing			'
23		28				Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	Country			8. This corporation has liability for	intangible ta	k under s	199.032,
24	25 29 30			Florida Statutes X Yes No					
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	legistered A	gent	
			81	١	lame				
STATE TREASURE & INSURANCE COMMISIONER THE CAPITOL			82	S	treet Addres	s (P.O. Box Number is Not Acceptab	ile)		
	APTIOL HASSEE FL 32301		83						
IALLA	INOSEE PE SESOT								
			84	С	ity		FL	85 Zg	o Code
or registere familiar with SIGNATURE	the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Sect Signature, typed or printed name of registered agent	da. Such change was authorize on 607.0505, Florida Statutes and title if applicable. (NO	ed by the corp TE: Registered Ager	ora	tion's board	of directors. Thereby accept the app	ointment as	reg stered	agent. I am
12.	OFFICERS ANI	DELETE	13.			ADDITIONS/CHANGES TO OFF		7 Change	Addition
NAME	MONTGOMERY, TIMOTHY		1.1 MILE					_ Change	
STREET ADDRESS	1000 AAA DRIVE		1.3 STREET	ADE	ORESS				
CITY-\$1-ZIP	HEATHROW FL		1.4 CITY - S						
TOLE	AS	₩ DELETE	2 1 TITLE		2.1	<i>yp</i>	[Change	Addition
NAME	WYLAND, DARRYL	• •	2.2 NAME		Vir	alnia. I Horn			^
STREET ADDRESS	1000 AAA DRIVE		2 3 STREET	AD:	RESS 10	ginia I Horn DO AAA Drive			
CITY-\$T-ZIP	HEATHROW-FL		2 4 CITY - S	T- 20	P He	athrow, F1 32	746		
TITLE	ŢD.	DELETE	3. 1 TITLE		3.1	5 D		Change	Addition
NAME	WIGGER, RALPH L.		3.2 NAME		TA	mes G. Brohm			
STREET ADDRESS	1000 AAA DRIVE		3 3 STREET	I ADI	DRESS 10	mes G. Brehm 00 A AA Drive athrow F1327,			
CITY - ST - ZIP	HEATHROW FL		3.4 CITY - S	1 - Z	P. He	athrow F1327	46		
TITLE	VPD	⊠ DELETE	4. 1 TITLE		124.1	-111		Change	Addition
NAME	ATKINS, JOHN E		4.2 NAME		JO	hn G. Schaffer			
STREET ADDRESS	1000 AAA DRIVE		4.3 STREET		DRESS / / O	OUMAH Drive	17.1.		
CITY-ST-ZIP	HEATHROW FL	□ DELETE	4.4 CITY - S	T - Z	P 172	athrow, F1 32	1710	Change	Addition
TILE	D Frampton, Charles L.	☐ DELETE	5. 1 TITLE 5.2 NAME		> /	ATO	L	_ change	☐ vooiion
NAME ethaci annocca	1000 AAA DRIVE		5.2 NAME 5.3 STREET	Acir	00000				
STREET ADDRESS	HEATHROW FL								
CHY-SI-ZIP TITLE	D DEATHNOTE FL	☐ DELETE	5.4 CITY - S 6. 1 TITLE	×1 - Z	r -			Change	Addition
NAME	FARIAS, TERRY R	C) precie	6.2 NAME				L	090	
STREET ADDRESS	1000 AAA DRIVE		6.3 STREET	Ant	DRESS				
CITY-ST-ZIP	HEATHROW FL		6.4 CITY - S		1				
UITT-OT-LIF	CONTRACT IN		04 011113						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE: Charles & Flamples

Charles L. Frampton 4/11/96 407-444-7317

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