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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 16 1998 8:00am  
Secretary of State

DOCUMENT # 828445 (7)  
1. Corporation Name  
AAA LIFE INSURANCE COMPANY

Principal Place of Business  
1000 AAA DRIVE  
HEATHROW FL 32746

Mailing Address  
1000 AAA DRIVE  
HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

11 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

12 City & State

27 City & State

13 Zip Country

28 Zip Country

14 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE TREASURE & INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MONTGOMERY, TIMOTHY  
STREET ADDRESS 1000 AAA DRIVE  
CITY-ST-ZIP HEATHROW FL

1.1 TITLE President  
1.2 NAME Peter G. Young  
1.3 STREET ADDRESS 1000 AAA Drive  
1.4 CITY-ST-ZIP Heathrow, FL

TITLE VP  
NAME HORN, VIRGINIA I.  
STREET ADDRESS 1000 AAA DRIVE  
CITY-ST-ZIP HEATHROW FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SO  
NAME BREHM, JAMES G.  
STREET ADDRESS 1000 AAA DRIVE  
CITY-ST-ZIP HEATHROW FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME SCHAFER, JOHN G.  
STREET ADDRESS 1000 AAA DRIVE  
CITY-ST-ZIP HEATHROW FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ATD  
NAME FRAMPTON, CHARLES L.  
STREET ADDRESS 1000 AAA DRIVE  
CITY-ST-ZIP HEATHROW FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME FARIAS, TERRY R  
STREET ADDRESS 1000 AAA DRIVE  
CITY-ST-ZIP HEATHROW FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 as an attachment with my address.

CR2E034 (10/97)