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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90118 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 828445

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

3. Date Incorporated or Qualified

08/09/1972

4. FEI Number

52-0891929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 26 27 28 29 30

9. Name and Address of Current Registered Agent
STATE TREASURE & INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME YOUNG, PETER G
STREET ADDRESS 1000 AAA DRIVE
CITY-ST-ZIP HEATHROW FL

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME AT
5.3 STREET ADDRESS Farooq N. Khan
5.4 CITY-ST-ZIP 1572 Ortega Ave.
Deltona, FL 32738

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS Mark H. Brown
6.4 CITY-ST-ZIP 1705 Alvarado Court
Longwood, FL 32779

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034.(1/98)

0072388