200(UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 828445** May 03, 2000 8:00 am Secretary of State 1. Enary Name AAA LIFE INSURANCE COMPANY 05-03-2000 90041 003 ***150.00 Mailing Address Principal Place of Business 1000 AAA DRIVE 1000 AAA DRIVE HEATHROW FL 32746 HEATHROW FL 32746-5062 2. Principal Place of Business 3. Mailing Address 17250 NEWBURGH RD 17250 NEWBURGH RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 100 SUITE 100 Applied For City & State City & State 4. FEI Number 52-0891929 Not Applicable LIVONIA, MI LIVONIA, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 48152 <u>USA</u> 48152 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STATE TREASURE & INSURANCE COMMISIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Delete TITLE P/D TITLE YOUNG, PETER G NAME NAME Daubenmier, Michael D. 1000 AAA DRIVE STREET ADDRESS STREET ADDRESS 17250 Newburgh Rd, Suite 100 CITY-ST-ZIP **HEATHROW FL** CITY-ST-ZIP Livonia, MI - 48152 TITLE ☐ Change X Addition Delete TITLE HORN, VIRGINIA I. NAME NAME Katz, Sr, Richard S. 1000 AAA DRIVE STREET ADDRESS STREET ADDRESS Address - Same as above CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL** Fi Channe Addition TITLE X Delete S/VP BREHM, JAMES G. NAME NAME Quinn, Laura STREET ADDRESS 1000 AAA DRIVE STREET ADDRESS Address - Same as above CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL X Addition Change Delete TITLE TITLE T/SR-VP SCHAFFER, JOHN G. NAME NAME Dillon, Jeffrey W. 1000 AAA DRIVE STREET ADDRESS STREET ADDRESS Address - Same as above CITY-ST-ZIP HEATHROW FL CITY-ST-ZIP AT TITLE **Delete** TITLE Change **X** Addition VP FAROOQ, KHAN N NAME NAME Alford, Yvonne 1572 ORTEGA AVENUE STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SR-VP

Juip, Leo N.

TITLE

M Delete

SIGNATURE

DELTONA FL 32738

Brown, Mark H

1705 ALVARADO COURT

LONGWOOD FL 32779

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITL F

NAME

<u>4/19/00</u>

(734) 779-2604

Change

X Addition

Address - Same as above

Address - Same as above

Daytime Phone #