

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 828445

1. Entity Name
AAA LIFE INSURANCE COMPANY



Principal Place of Business
**17250 NEWBURGH RD
SUITE 100
LIVONIA, MI 48152**

Mailing Address
**17250 NEWBURGH RD
SUITE 100
LIVONIA, MI 48152**

FILED

04 OCT 26 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10222004

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

52-0891929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
DAUBENMIER, MICHAEL D
17250 NEWBURGH RD SUITE 100
LIVONIA, MI 48152** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SRVP
VARNEY, LAURA L
17250 NEWBURGH RD SUITE 100
LIVONIA, MI 48152** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
DOTSON, ROBERT J
17250 NEWBURGH RD SUITE 100
LIVONIA, MI 48152** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SRVT
DUBOSE, JOHN W
17250 NEWBURGH RD SUITE 100
LIVONIA, MI 48152** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☒ Change ☐ Addition
SRVPT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
ALFORD, YVONNE
17250 NEWBURGH RD SUITE 100
LIVONIA, MI 48152** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
**800042190048
10/26/04--01066--010 **\$150.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SRVP
JUIP, LEO N
17250 NEWBURGH RD SUITE 100
LIVONIA, MI 48152** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
AS 10/28

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. DuBose, III

Date

Daytime Phone #

(934) 779-2604