


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90037 011 ***550.00

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		
2. Principal Place of Business Suite, Apt. #, etc. Delete "Suite 100"			3. Mailing Address Suite, Apt. #, etc. Delete "Suite 100"		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 52-0891929	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFFSTETLER, HAROLD W JR 17250 NEWBURGH RD SUITE 100 LIVONIA, MI 48152	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete "Suite 100"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP VARNEY, LAURA L 17250 NEWBURGH RD SUITE 100 LIVONIA, MI 48152	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete "Suite 100"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOTSON, ROBERT J 17250 NEWBURGH RD SUITE 100 LIVONIA, MI 48152	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete "Suite 100"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT DUBOSE, JOHN W 17250 NEWBURGH RD SUITE 100 LIVONIA, MI 48152	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete "Suite 100"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALFORD, YVONNE 17250 NEWBURGH RD SUITE 100 LIVONIA, MI 48152	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John P. Bybee 17250 Newburgh Rd LIVONIA, MI 48152
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
SIGNATURE: _____ John P. Bybee 5/8/06 (734) 779-2085 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40091890



05032006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

FL Zip Code

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUFFSTETLER, HAROLD W JR	
STREET ADDRESS	17250 NEWBURGH RD SUITE 100	
CITY-ST-ZIP	LIVONIA, MI 48152	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	VARNEY, LAURA L	
STREET ADDRESS	17250 NEWBURGH RD SUITE 100	
CITY-ST-ZIP	LIVONIA, MI 48152	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOTSON, ROBERT J	
STREET ADDRESS	17250 NEWBURGH RD SUITE 100	
CITY-ST-ZIP	LIVONIA, MI 48152	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	DUBOSE, JOHN W	
STREET ADDRESS	17250 NEWBURGH RD SUITE 100	
CITY-ST-ZIP	LIVONIA, MI 48152	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALFORD, YVONNE	
STREET ADDRESS	17250 NEWBURGH RD SUITE 100	
CITY-ST-ZIP	LIVONIA, MI 48152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Delete "Suite 100"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Delete "Suite 100"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Delete "Suite 100"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Bybee	
STREET ADDRESS	17250 Newburgh Rd	
CITY-ST-ZIP	LIVONIA, MI 48152	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #