

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828445

FILED
Apr 17, 2012
Secretary of State

Entity Name: AAA LIFE INSURANCE COMPANY

Current Principal Place of Business:

17900 N. LAUREL PARK DR.
LIVONIA, MI 48152

New Principal Place of Business:

Current Mailing Address:

17900 N. LAUREL PARK DR.
LIVONIA, MI 48152

New Mailing Address:

FEI Number: 52-0891929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HUFFSTETLER, HAROLD W JR
Address: 17900 N. LAUREL PARK DR.
City-St-Zip: LIVONIA, MI 48152

Title: VCA
Name: LUCAS, JAMES T
Address: 17900 N. LAUREL PARK DR.
City-St-Zip: LIVONIA, MI 48152

Title: VP
Name: COUDURIER, DIANE L
Address: 17900 N. LAUREL PARK DR.
City-St-Zip: LIVONIA, MI 48152

Title: SVP
Name: DUBOSE, JOHN W
Address: 17900 N. LAUREL PARK DR.
City-St-Zip: LIVONIA, MI 48152

Title: VP
Name: FOLEY, TIMOTHY J
Address: 17900 N. LAUREL PARK DR.
City-St-Zip: LIVONIA, MI 48152

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY J. FOLEY

VP

04/17/2012

Electronic Signature of Signing Officer or Director

Date