2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828445

Entity Name: AAA LIFE INSURANCE COMPANY

Current Principal Place of Business:

17900 N. LAUREL PARK DR. LIVONIA. MI 48152

Current Mailing Address:

17900 N. LAUREL PARK DR. LIVONIA. MI 48152

FEI Number: 52-0891929 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

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

FILED Apr 23, 2021

Secretary of State

8170779071CC

Officer/Director Detail :

Title PRESIDENT/CEO, DIRECTOR Title SENIOR VP, CHIEF ACTUARY

DUBOSE, JOHN W III LUCAS, JAMES T Name Name

17900 N. LAUREL PARK DR. 17900 N. LAUREL PARK DR. Address Address

City-State-Zip: LIVONIA MI 48152 LIVONIA MI 48152 City-State-Zip:

Title SR. VICE PRESIDENT Title SR. VP, CFO, TREASURER Name MILLER, JOHN BROOKNER Name LANE, CHRISTOPHER WILLIAM Address 17900 N. LAUREL PARK DR. Address 17900 N. LAUREL PARK DR.

LIVONIA MI 48152 City-State-Zip: LIVONIA MI 48152 City-State-Zip:

Title VP SR. VICE PRESIDENT Title

Name PERSON, KRISTY LYNN Name SCHICK, BETTY Address 17900 N. LAUREL PARK DR. Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152 LIVONIA MI 48152 City-State-Zip:

Title VP. GENERAL COUNSEL AND Title SENIOR VP

SECRETARY, CCO SCULLY, MATTHEW JAMES

Name EDWARDS, LATRINA MARIE Name 17900 N. LAUREL PARK DR. Address Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152 City-State-Zip: LIVONIA MI 48152

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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.

04/23/2021 SIGNATURE: CHRISTOPHER W. LANE SR. VP/CFO & TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title

Name HENNESSY, MARY R Name BYBEE, JOHN P

Address 17900 N. LAUREL PARK DR. Address 17900 N. LAUREL PARK DR.

DIRECTOR

City-State-Zip: LIVONIA MI 48152 City-State-Zip: LIVONIA MI 48152

Title DIRECTOR Title DIRECTOR

Name HUEBNER, JEFFREY W Name POLANSKY, DAVID N

Address 17900 N. LAUREL PARK DR. Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152 City-State-Zip: LIVONIA MI 48152

Title DIRECTOR, CHAIRMAN Title DIRECTOR

Name SAMALYA, MHAYSE G Name VARMA, RAJU T

Address 17900 N. LAUREL PARK DR. Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152 City-State-Zip: LIVONIA MI 48152

Title DIRECTOR Title DIRECTOR

Name MALONEY, SEAN H Name MCMULLEN, DAVID M

Address 17900 N. LAUREL PARK DR. Address 17900 N. LAUREL PARK DR.

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