

2018 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**Officer/Director Detail :**

Title PRESIDENT/CEO, DIRECTOR
Name DUBOSE, JOHN W III
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title SENIOR VP, CHIEF ACTUARY
Name LUCAS, JAMES T
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title SR. VP, CFO, TREASURER
Name LANE, CHRISTOPHER WILLIAM
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title SR. VICE PRESIDENT
Name MILLER, JOHN BROOKNER
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title SR. VICE PRESIDENT
Name SCHICK, BETTY
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title VP
Name CAMERON, LISA KAY
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title VP
Name JOHNS, CHERYL LYNN
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title VP
Name PERSON, KRISTY LUNN
Address 17900 N. LAUREL PARK DR.
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.

SIGNATURE: KEVIN M HEIL**COMPTROLLER****04/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name SCULLY, MATTHEW JAMES
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title VP, GENERAL COUNSEL AND SECRETARY, CCO
Name EDWARDS, LATRINA MARIE
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title DIRECTOR
Name ANGERBAUER, SPENCER S
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title CHAIRMAN, DIRECTOR
Name SCHAFFER, JOHN G
Address 17900 N. LAUREL PARK DR.
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Title DIRECTOR
Name HUEBNER, JEFFREY W
Address 17900 N. LAUREL PARK DR.
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Title DIRECTOR
Name MALONEY, SEAN H
Address 17900 N. LAUREL PARK DR.
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Title DIRECTOR
Name POLANSKY, DAVID N
Address 17900 N. LAUREL PARK DR.
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Title DIRECTOR
Name SPADA, ANTHONY B JR.
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

Title COMPTROLLER
Name HEIL, KEVIN MICHAEL
Address 17900 N. LAUREL PARK DR.
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Title VP
Name HART, JENNIFER LYNN
Address 17900 N. LAUREL PARK DR.
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Title VC, DIRECTOR
Name HENNESSY, MARY R
Address 17900 N. LAUREL PARK DR.
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Title DIRECTOR
Name BYBEE, JOHN P
Address 17900 N. LAUREL PARK DR.
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Title DIRECTOR
Name JOHNSON, KENNETH A
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Title DIRECTOR
Name MCREYNOLDS, EDWARDS E JR.
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Title DIRECTOR
Name SAMALYA, MHAYSE G
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