

2013 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
P O BOX 6200 (32314-6200)
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 PD
Name HUFFSTETLER, HAROLD WJR
Address 17900 N. LAUREL PARK DR.
City-State-Zip: LIVONIA MI 48152

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

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

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

Title VP
Name FOLEY, TIMOTHY J
Address 17900 N. LAUREL PARK DR.
City-State-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, CONTROLLER &
TREASURER****03/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date