2022 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 13, 2022

Secretary of State

9673581348CC

Officer/Director Detail:

TitleSENIOR VP, CHIEF ACTUARYTitleSR. VP, CFO, TREASURERNameLUCAS, JAMES TNameLANE, CHRISTOPHER WILLIAMAddress17900 N. LAUREL PARK DR.Address17900 N. LAUREL PARK DR.

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

Title SR. VICE PRESIDENT Title SR. VICE PRESIDENT

Name MILLER, JOHN BROOKNER Name SCHICK, BETTY

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 VP Title SENIOR VP

NamePERSON, KRISTY LYNNNameSCULLY, MATTHEW JAMESAddress17900 N. LAUREL PARK DR.Address17900 N. LAUREL PARK DR.

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

Title VP, GENERAL COUNSEL AND Title DIRECTOR

SECRETARY, CCO Name BYBEE, JOHN P

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

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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: CHRISTOPHER W. LANE

SR VICE PRES/CFO & TREAS

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name HUEBNER, JEFFREY W

Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152

Title DIRECTOR, VICE CHAIR

Name VARMA, RAJU T

Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152

Title INTERIM PRESIDENT/CHIEF OPERATING

OFFICER

Name CHATURVEDI, ANKUR

Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152

Title DIRECTOR

Name CAVE, JOY K

Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152

Title DIRECTOR, CHAIRMAN Name SAMALYA, MHAYSE G

Address - AZOOON LAUDEL DADK DE

Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152

Title DIRECTOR

Name MALONEY, SEAN H

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 DIRECTOR

Name PAUGH, CATHLEEN M

Address 17900 N. LAUREL PARK DR.

City-State-Zip: LIVONIA MI 48152