

**2015 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  
Name            HUFFSTETLER, HAROLD WJR  
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            VP, GENERAL COUNSEL, SECRETARY  
Name            COUDURIER, DIANE L  
Address        17900 N. LAUREL PARK DR.  
City-State-Zip: LIVONIA MI 48152

Title            SENIOR VP/CFO  
Name            DUBOSE III, JOHN W  
Address        17900 N. LAUREL PARK DR.  
City-State-Zip: LIVONIA MI 48152

Title            VP FINANCE/TREASURER  
Name            LANE, CHRISTOPHER WILLIAM  
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:** CHRISTOPHER W. LANE

VP FINANCE/TREASURER 04/27/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date