

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003014

**FILED**  
**Feb 06, 2013**  
**Secretary of State**  
**CC2963864501**

**Entity Name:** AUTO CLUB LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1 AUTO CLUB DRIVE  
DEARBORN, MI 48126

**Current Mailing Address:**

1 AUTO CLUB DRIVE  
DEARBORN, MI 48126

**FEI Number: 38-2043661**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WHITE, RICHARD T  
1515 NORTH WESTSHORE BLVD  
TAMPA, FL 33607 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 S  
Name WHITE, RICHARD T  
Address 1 AUTO CLUB DRIVE  
City-State-Zip: DEARBORN MI 48126

Title C  
Name SHARP, ROBERT L  
Address 16602 JARDINERA DE AVILA  
City-State-Zip: TAMPA FL 33613

Title VC  
Name EWING, STEPHEN E  
Address 30520 ROSEMOND DR  
City-State-Zip: FRANKLIN MI 48025

Title D  
Name ALLEN, CHARLES E  
Address 8162 E. JEFFERSON, APT B 15  
City-State-Zip: DETROIT MI 48207

Title D  
Name BAER, WILLIAM P  
Address 920 LAKESHORE DR  
City-State-Zip: GROSE POINT SHORES MI 48236

Title P  
Name PODOWSKI, CHARLES H  
Address 1 AUTO CLUB DRIVE  
City-State-Zip: DEARBORN MI 48126

*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: RICHARD T. WHITE**

**SECRETARY**

**02/06/2013**

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

\_\_\_\_\_  
Date