

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819661

FILED
Apr 25, 2012
Secretary of State

Entity Name: AUTO-OWNERS LIFE INSURANCE COMPANY

Current Principal Place of Business:

6101 ANACAPRI BLVD
LANSING, MI 48917

New Principal Place of Business:

Current Mailing Address:

6101 ANACAPRI BLVD
LANSING, MI 48917

New Mailing Address:

FEI Number: 38-1814333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DSV
Name: NOIROT, KATHERINE MAID
Address: 4309 BARTON RD.
City-St-Zip: LANSING, MI 48917

Title: DEVP
Name: RUPP, RODNEY JAY
Address: 6291 PINE HOLLOW DRIVE
City-St-Zip: EAST LANSING, MI 48823

Title: DCEO
Name: HARROLD, JEFFREY FRANK
Address: 1201 CANDELA LANE
City-St-Zip: GRAND LEDGE, MI 48837

Title: TCFO
Name: PHANER, EILEEN KAY
Address: 5134 NELLIES LANE
City-St-Zip: CHARLOTTE, MI 48813

Title: DP
Name: TAGSOLD, JEFFREY SCOTT
Address: 3150 CROFTON DRIVE
City-St-Zip: DEWITT, MI 48820

Title: DSV
Name: WOODBURY, WILLIAM F.
Address: 401 SHORELINE DRIVE
City-St-Zip: DEWITT, MI 48820

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: WILLIAM F. WOODBURY

DSVP

04/25/2012

Electronic Signature of Signing Officer or Director

Date