2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828445

Entity Name: AAA LIFE INSURANCE COMPANY

FILED Apr 18, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

17900 N. LAUREL PARK DR. LIVONIA, MI 48152

Current Mailing Address: New Mailing Address:

17900 N. LAUREL PARK DR. LIVONIA, MI 48152

FEI Number: 52-0891929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

OFFICERS AND DIRECTORS:

Title: PD

Name: HUFFSTETLER, HAROLD W JR Address: 17900 N. LAUREL PARK DR.

City-St-Zip: LIVONIA, MI 48152

Title: VCA

Name: LUCAS, JAMES T

Address: 17900 N. LAUREL PARK DR.

City-St-Zip: LIVONIA, MI 48152

Title: VF

Name: DOTSON, ROBERT J Address: 17900 N. LAUREL PARK DR.

City-St-Zip: LIVONIA, MI 48152

Title: SVPT

Name: DUBOSE, JOHN W

Address: 17900 N. LAUREL PARK DR.

City-St-Zip: LIVONIA, MI 48152

Title: VP

Name: BYBEE, JOHN P

Address: 17900 N. LAUREL PARK DR.

City-St-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: JOHN P. BYBEE VP 04/18/2011