

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000100271

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** AUTOLIFE INSURANCE GROUP, INC.

**Current Principal Place of Business:**

3825 SR64E  
SUITE 100  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

8341 FARINGTON CT  
LAKEWOOD RANCH, FL 34202 US

**New Mailing Address:**

**FEI Number:** 26-3713372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FELDHACKER, EVELLA A  
3825 SR 64 E STE 100  
BRADENTON, FL 34202 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:** MRS  
**Name:** EVELLA, FELDHACKER  
**Address:** 8341 FARINGTON CT  
**City-St-Zip:** LAKEWOOD RANCH, FL 34202

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: EVELLA A. FELDHACKER

PRES

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date