

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF REGISTRATION
OF
AUTO-OWNERS LIFE INSURANCE COMPANY**

File Number C 212650

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: February 9, 2017



Lawrence Denney
SECRETARY OF STATE

By *Mary Debra*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 FEB -9 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Auto-Owners Life Insurance Company
2. The name which it shall use in Idaho is: Auto-Owners Life Insurance Company
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust

☒ Other: Stock Company
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Michigan
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
6101 Anacapi Blvd, Lansing, Michigan 48917
(Street Address)
PO Box 30660, Lansing, Michigan 48909
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
C T Corporation System 921 S. Orchard Street - Suite G, Ada County, Boise ID 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Thomas E. Froman</u>	<u>AVP</u>	<u>6101 Anacapi Blvd, Lansing, Michigan 48917</u>
(Name)	(Capacity)	(Address)

(Name)	(Capacity)	(Address)
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Typed Name: Thomas E. Froman

Signature: *Thomas E. Froman*

Capacity: Assistant Vice President

Secretary of State use only

IDAHO SECRETARY OF STATE

02/09/2017 05:00

CK: 12880236 CT: 172099 BH: 1568134
1@ 100.00 = 100.00 FOR REG ST #2

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STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

I, Judith A. Weaver, Senior Deputy Director of the Department of Insurance and Financial Services, State of Michigan, do hereby certify the records of this office reflect

Auto-Owners Life Insurance Company

6101 Anacapi Boulevard, Lansing, MI 48917 is licensed as an insurance company in the state of Michigan and is duly authorized to transact business under its license, pursuant to the provisions of applicable statutes of this State and is in good standing with the state of Michigan.



SIGNED AND SEALED this 1st day of
February, 2017 at Lansing, Michigan



Judith A. Weaver
Senior Deputy Director