

No. <b>C 212650</b>		<b>Due no later than Feb 28, 2018</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  AUTO-OWNERS LIFE INSURANCE COMPANY PO BOX 30660 LANSING MI 48909		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
DIRECTOR	THOMAS E FROMAN	6101 ANACAPRI BLVD	LANSING	MI	48917
5. Organized Under the Laws of:  <b>MI C 212650</b>		6. Annual Report must be signed.* Signature: Thomas Froman Name (type or print): Thomas Froman Date: 01/24/2018 Title: Director			
Processed 01/24/2018		* Electronically provided signatures are accepted as original signatures.			