

1.) CORPORATION NAME: <b>AUTO CLUB LIFE INSURANCE COMPANY</b>	DUE DATE: <b>6/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F0498768</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17900 N LAUREL PARK DRIVE

CITY/ST/ZIP: LIVONIA, MI 48152

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHARLES H PODOWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: CEO			
ADDRESS: 59 PINE GATE DRIVE			
CITY/ST/ZIP/CO: BLOOMFIELD, MI 48304			

NAME: J. TERRY MCELROY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: EXEC VP			
ADDRESS: 18633 FOX HOLLOW COURT			
CITY/ST/ZIP/CO: NORTHVILLE, MI 48168			

NAME: RICHARD T WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: SR VP/S			
ADDRESS: 6091 NORTH CREEK CT			
CITY/ST/ZIP/CO: WEST BLOOMFIELD, MI 48322			

NAME: CHARLES EDWARD ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 8162 E JEFFERSON B-15			
CITY/ST/ZIP/CO: DETROIT, MI 48214			

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ RICHARD T WHITE	RICHARD T WHITE, SR VP/S	6/26/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.