

1.) CORPORATION NAME:

AUTO-OWNERS LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **8/31/2011**

SCC ID NO: **F0585655**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	230,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6101 ANACAPRI BLVD

CITY/ST/ZIP: LANSING, MI 48917-

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: JEFFREY S TAGSOLD
TITLE: PRESIDENT
ADDRESS: 6101 ANACAPRI BLVD
CITY/ST/ZIP/CO: LANSING, MI 48917-

OFFICER

DIRECTOR

NAME: STUART R BIRN
TITLE: 1ST VP/S/GC
ADDRESS: 6101 ANACAPRI BLVD
CITY/ST/ZIP/CO: LANSING, MI 48917-

OFFICER

DIRECTOR

NAME: RODNEY J RUPP
TITLE: EVP
ADDRESS: 6101 ANACAPRI BLVD
CITY/ST/ZIP/CO: LANSING, MI 48917-

OFFICER

DIRECTOR

NAME: JEFFREY F HARROLD
TITLE: CEO/CHRMN
ADDRESS: 6101 ANACAPRI BLVD
CITY/ST/ZIP/CO: LANSING, MI 48917-

OFFICER

DIRECTOR

NAME: KATHERINE M NOIROT
TITLE: SR VP
ADDRESS: 6101 ANACAPRI BLVD
CITY/ST/ZIP/CO: LANSING, MI 48917-

OFFICER

DIRECTOR

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.

<u>/s/ STUART R BIRN</u>	<u>STUART R BIRN, 1ST VP/S/GC</u>	<u>8/2/2011</u>
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.