

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211531573

1.) CORPORATION NAME:

**WorkLife Insurance Agency, Inc.**

DUE DATE: **12/31/2011**

SCC ID NO: **F1844879**

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**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 TOWER DRIVE  
SUITE 220

CITY/ST/ZIP: TROY, MI 48098-

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: STEVEN P GROULX  
TITLE: P/T/DTR  
ADDRESS: 19109 W CATAWBA STE 200  
CITY/ST/ZIP/CO: CORNELIUS, NC 28031-

OFFICER

DIRECTOR

NAME: ROBERT R FLORKA  
TITLE: S/DTR  
ADDRESS: 700 TOWER DR STE 220  
CITY/ST/ZIP/CO: TROY, MI 48093-

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.

/s/ ROBERT R FLORKA

ROBERT R FLORKA, S/DTR

1/17/2012

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.