FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835294 (0)

1. Corporation Name
HOUSEHOLD INSURANCE COMPANY

Principal Place of Business	Mailing Address
32991 HAMILTON COURT FARMINGTON HILLS MI 48334-3358 US	32991 HAMILTON COURT FARMINGTON HILLS MI 48334-3358 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1975

2. Principal Place of Business	2a. Mailing Address
21 32991 Hamilton Court	26 32991 Hamilton Court
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Farmington Hills, MI	City & State 28 Farmington Hills, MI
Zip 24 48334 Country 25 Oakland	Zip 29 48334 Country 30 Oakland

4. FEI Number: 36-2705935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE OF FLA. CAPITOL BUILDING OF FLORIDA TALLAHASSEE FL 32304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	ARNDT, THOMAS		1.2 NAME	Ronald L. Bruckert	
STREET ADDRESS	32991 HAMILTON COURT		1.3 STREET ADDRESS	32991 Hamilton Court Ste.100	
CITY-ST-ZIP	FARMINGTON HILLS MI		1.4 CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, KIRK		2.2 NAME		
STREET ADDRESS	32991 HAMILTON COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS MI		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHAY, PAUL R		3.2 NAME		
STREET ADDRESS	32991 HAMILTON COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS MI		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TITUS, TIMOTHY J		4.2 NAME		
STREET ADDRESS	32991 HAMILTON COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS MI		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Timothy J. Titus 1/26/98 (248) 848-7811