


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005474

1. Entity Name
HOME OWNERS LIFE INSURANCE COMPANY



Principal Place of Business 307 N. MICHIGAN AVE. CHICAGO, IL 60601	Mailing Address 307 N. MICHIGAN AVE. CHICAGO, IL 60601
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-6069295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000128735
 04/26/04-80050-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ZUCARO, ALDO C 307 N. MICHIGAN AVE. CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV ADAMS, JOHN S 307 N. MICHIGAN AVE. CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCVS LEROY, SPENCER III 307 N. MICHIGAN AVE. CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BOONE, CHARLES S 307 N. MICHIGAN AVE. CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, BRUCE 307 N. MICHIGAN AVE. CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILAZZO, LEONARD S 307 N. MICHIGAN AVE. CHICAGO, IL 60601

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lud Savaglio* Vice President **April 22, 2004 (312)346-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #