

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90148 013 ***150.00

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1. Entity Name
HOME OWNERS LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
307 N. MICHIGAN AVE. **307 N. MICHIGAN AVE.**
CHICAGO, IL 60601 **CHICAGO, IL 60601**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40066938



04182005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
36-6069295 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ZUCARO, ALDO C	
STREET ADDRESS	307 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	CFOV	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, JOHN S	
STREET ADDRESS	307 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	GCVS	<input type="checkbox"/> Delete
NAME	LEROY, SPENCER III	
STREET ADDRESS	307 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BOONE, CHARLES S	
STREET ADDRESS	307 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HORTON, BRUCE	
STREET ADDRESS	307 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILAZZO, LEONARD S	
STREET ADDRESS	307 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO, IL 60601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sr. Vice President/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl W. Mueller	
STREET ADDRESS	307 North Michigan Avenue	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred M. Savaglio	
STREET ADDRESS	307 North Michigan Avenue	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Fred M. Savaglio* **FRED M. SAVAGLIO** **4/28/2005** **(312) 762-4307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #