

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003487

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** HOUSEHOLD INSURANCE GROUP, INC.

**Current Principal Place of Business:**

200 SOMERSET CORP. BLVD.  
BRIDGEWATER, NJ 08807

**New Principal Place of Business:**

545 WASHINGTON BLVD 11TH FLOOR  
JERSEY CITY, NJ 07310

**Current Mailing Address:**

200 SOMERSET CORP. BLVD.  
BRIDGEWATER, NJ 08807

**New Mailing Address:**

26525 N. RIVERWOODS BLVD  
METTAWA, IL 60045

FEI Number: 51-0241077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: COZZA, PATRICK A  
Address: 545 WASHINGTON BLVD 11TH FLOOR  
City-St-Zip: JERSEY CITY, NJ 07310

Title: VCFO  
Name: COMPTON, CHARLES E III  
Address: 545 WASHINGTON BLVD 11TH FLOOR  
City-St-Zip: JERSEY CITY, NJ 07310

Title: VCOO  
Name: SULLIVAN, MAROLOU  
Address: 26525 N. RIVERWOODS BLVD  
City-St-Zip: METTAWA, IL 60045

Title: VT  
Name: MORELLI, PERRY J  
Address: 26525 N. RIVERWOODS BLVD  
City-St-Zip: METTAWA, IL 60045

Title: VP  
Name: SPARKOWSKI, TIMOTHY C (ASST-S)  
Address: 26525 N. RIVERWOODS BLVD  
City-St-Zip: METTAWA, IL 6004

Title: S  
Name: DEL PIANO, ANTHONY J  
Address: 545 WASHINGTON BLVD 11TH FLOOR  
City-St-Zip: JERSEY CITY, NJ 07310

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY C SPARKOWSKI

AS

04/09/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date