

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003487

FILED
Apr 23, 2012
Secretary of State

Entity Name: HOUSEHOLD INSURANCE GROUP, INC.

Current Principal Place of Business:

545 WASHINGTON BLVD 11TH FLOOR
JERSEY CITY, NJ 07310

New Principal Place of Business:

Current Mailing Address:

26525 N. RIVERWOODS BLVD
TAX DEPT
METTAWA, IL 60045

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: DIR
Name: SCHNEIDER, GREGG M
Address: 545 WASHINGTON BLVD 11TH FLOOR
City-St-Zip: JERSEY CITY, NJ 07310

Title: TREA
Name: ARTMANN, SUSAN E
Address: 545 WASHINGTON BLVD, 11TH FLOOR
City-St-Zip: JERSEY CITY, NJ 07310

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

Title: VP
Name: SPARKOWSKI, TIMOTHY C
Address: 26525 N.RIVERWOODS BLVD
City-St-Zip: METTAWA, IL 60045

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

VP

04/23/2012

Electronic Signature of Signing Officer or Director

_____ Date