SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P14790** **(0)**

1. Corporation Name
HOUSEHOLD LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
33045 HAMILTON CT. FARMINGTON HILLS MI 48334-3329 US	33045 HAMILTON CT. FARMINGTON HILLS MI 48334-3329 US

3. Date Incorporated or Qualified: **06/10/1987**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business
21 **32991 Hamilton Ct. Ste 100**
Suite, Apt. #, etc.
22
City & State
23 **Farmington Hills MI**
Zip 24 **48334** Country 25

2a. Mailing Address
26 **32991 Hamilton Ct. Ste 100**
Suite, Apt. #, etc.
27
City & State
28 **Farmington Hills MI**
Zip 29 **48334** Country 30

4. FEI Number: **38-2341728** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32314

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE	President & CEO	☐ Change ☐ Addition
NAME	BLACKMON, FREDERICK L		1.2 NAME	Arndt, Thomas G.	
STREET ADDRESS	33045 HAMILTON BLVD		1.3 STREET ADDRESS	32991 Hamilton Court Suite 100	
CITY-ST-ZIP	FARMINGTON HILLS MI		1.4 CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	V	☒ DELETE	2.1 TITLE	Director of Operations	☐ Change ☐ Addition
NAME	DAVISON, ROBERT J.		2.2 NAME	Anderson, Kirk A.	
STREET ADDRESS	33045 HAMILTON BLVD.		2.3 STREET ADDRESS	32991 Hamilton Court Suite 100	
CITY-ST-ZIP	FARMINGTON HILLS MI		2.4 CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	V	☒ DELETE	3.1 TITLE	Director of Information Technology	☐ Change ☐ Addition
NAME	COOKE, ALBERT A		3.2 NAME	Dziubinski, Edward, J.	
STREET ADDRESS	33045 HAMILTON BLVD.		3.3 STREET ADDRESS	32991 Hamilton Court Suite 100	
CITY-ST-ZIP	FARMINGTON HILLS MI		3.4 CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	PD	☒ DELETE	4.1 TITLE	Associate General Council	☐ Change ☐ Addition
NAME	BANGS, LAWRENCE N		4.2 NAME	Shoop, Deborah M.	
STREET ADDRESS	33045 HAMILTON BLVD		4.3 STREET ADDRESS	32991 Hamilton Court Suite 100	
CITY-ST-ZIP	FARMINGTON HILLS MI		4.4 CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	V	☒ DELETE	5.1 TITLE	Director Financial Control	☐ Change ☐ Addition
NAME	DAVIS, JOHN R		5.2 NAME	Titus, Timothy, J.	
STREET ADDRESS	33045 HAMILTON BOULEVARD		5.3 STREET ADDRESS	32991 Hamilton Court Suite 100	
CITY-ST-ZIP	FARMINGTON HILLS MI		5.4 CITY-ST-ZIP	Farmington Hills, MI 48334	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHAY, PAUL R		6.2 NAME	500001919625	
STREET ADDRESS	33045 HAMILTON BLVD		6.3 STREET ADDRESS	-08/13/96--01012--034	
CITY-ST-ZIP	FARMINGTON HILLS MI		6.4 CITY-ST-ZIP	***225.00	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 TIMOTHY J. TITUS 7/15/96 (810)548-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #