

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14790 (0)

1. Corporation Name
HOUSEHOLD LIFE INSURANCE COMPANY

Principal Place of Business 32991 HAMILTON CT. STE. 100 FARMINGTON HILLS MI 48334 US	Mailing Address 32991 HAMILTON CT. STE. 100 FARMINGTON HILLS MI 48334-3305 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/10/1987	3a. Date of Last Report 08/12/1996	4. FEI Number 38-2341728	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL
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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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNDT, THOMAS G	1.2 NAME	
STREET ADDRESS	32991 HAMILTON CT. STE 100	1.3 STREET ADDRESS	
CITY- ST- ZIP	FARMINGTON HILLS MI 48334	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KIRK A	2.2 NAME	
STREET ADDRESS	32991 HAMILTON CT. STE 100	2.3 STREET ADDRESS	
CITY- ST- ZIP	FARMINGTON HILLS MI 48334	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZIUBINSKI, EDWARD J	3.2 NAME	
STREET ADDRESS	32991 HAMILTON CT. STE 100	3.3 STREET ADDRESS	
CITY- ST- ZIP	FARMINGTON HILLS MI 48334	3.4 CITY- ST- ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOOP, DEBORAH M	4.2 NAME	
STREET ADDRESS	32991 HAMILTON CT. STE 100	4.3 STREET ADDRESS	
CITY- ST- ZIP	FARMINGTON HILLS MI 48334	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITUS, TIMOTHY J	5.2 NAME	
STREET ADDRESS	32991 HAMILTON CT. STE 100	5.3 STREET ADDRESS	
CITY- ST- ZIP	FARMINGTON HILLS MI 48334	5.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAY, PAUL R	6.2 NAME	
STREET ADDRESS	33045 HAMILTON BLVD	6.3 STREET ADDRESS	
CITY- ST- ZIP	FARMINGTON HILLS MI	6.4 CITY- ST- ZIP	

14. I do 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 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: *[Signature]* **TIMOTHY J. TITUS** 5/1/97 (810) 845-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)