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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P14790

(0)

HOUSEHOLD LIFE INSURANCE COMPANY

FILED
Feb 03 1998 8:00am
Secretary of State

District Dis	46								
Principal Place of Business Mailing Address									
32991 HAMI STE. 100	LION CI.	STE. 100	32991 HAMILTON CT. STE. 100						
FARMINGTON HILLS MI 48334		FARMINGTON HILLS MI	FARMINGTON HILLS MI 48334			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1987			
US US					 Date Incorporated or 06/10/1987 				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For	
21 26					38-2341728		N	lot Applicable	
i Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status D	Desired		Additional		
22 27 City & State City & State								equired	
23	ato	<u> </u>	City & State			nancing		May Be	
Zip	ip Country Zip		Country		Trust Fund Contribution	····		to Fees	
24	25	29	30	,	8. This corporation owes Personal Property Tax	•		No No	
=2	g, Name and Address of Curre		1001		10. Name and Address				
TI	HE FLORIDA INSURANCE COMM	MSSIONER		Name			***************************************		
THE CAPITOL			-	32 Street	Address (P.O. Box Number is No	t Accentable)			
TALLAHASSEE FL 32314				Ollect	Addition (I.O. DOX NUMBER IS NO	, Acceptable)		1	
				B3					
			-	84 City			85 Zip	Code	
						FL	<u> </u>	l	
11. Pursuan	t to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statut	es, the ab	ove-named	corporation submits this stateme	nt for the purpose	of changing it	ts registered	
agent. I	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statu	tes.	solutions board of directors. The	eby accept the ap	pointinent as	registered	
SIGNATURE									
12.	Signature, typed or printed name of registered ag	gunt and title if applicable (NOT ND DIRECTORS		Agent signature	required when reinstating)	DATE	D DIDEOTOR		
TITLE	PCEO	OCLETE	13.	c	ADDITIONS/CHANGES	TO OFFICERS AN	Change	Addition	
NAME	ARNDT, THOMAS G	QQ OFFICE	1.2 NAI		Ronald L. Bruc	·kort	ondinge	A NOULION	
STREET ADDRESS 32991 HAMILTON CT. STE 100				32991 Hamilton		uito 1			
CITY-ST-ZIP	FARMINGTON HILLS MI 483			r-St-ZiP	Farmington Hil			- 00	
TITLE	D	DELETE	2.1 TITE		tarming con uri	<u>.18, M1 4</u>	Change	Addition C	
NAME	ANDERSON, KIRK A		2.2 NA	1E İ			_ ,		
STREET ADDRESS	32991 HAMILTON CT. STE 1	100	2.3 STR	EFT ADDRESS					
CITY-ST-ZIP	FARMINGTON HILLS MI 4833	34	2. 4 CIT	Y-ST-ZIP					
TITLE	D	DELETE	3.1 1111	ŧ			☐ Change	Addition	
NAME	DZIUBINSKI, EDWARD J		3.2 NAM	1E					
STREET ADDRESS			3.3 STR	EET ADDRESS					
CITY-ST-ZIP	FARMINGTON HILLS MI 483		3.4. CIT	Y-ST-ZIP					
TITLE	C DEPOSITION	☐ DELETE	4.1 7(1)	E			Change	Addition	
NAME	SHOOP, DEBORAH M	**	4. 2 NA	N E					
STREET ADDRESS	PARAMETERS IN LO AM ARROA		4.3 STR	EET ADDRESS					
CITY-ST-ZIP	FARMINGTON HILLS MI 4833		_	-ST-ZIP					
TITLE	D TITLE THATTUY	☐ DELETE	5.1 TITL	i			☐ Change	☐ Addition	
NAME	TITUS, TIMOTHY J	ΛΛ	5.2 NAN	i					
STREET ADDRESS	32991 HAMILTON CT. STE 1 FARMINGTON HILLS MI 4833			ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP			7 6.	1.400	
TITLE	SD SHAY, PAUL R	☐ DELETE	61 TITL				Change	Addition	
NAME	33045 HAMILTON BLVD		6.2 NAN						
EADAMACTON AND COM				ET ADDRESS				Ţ	
CITY-ST-ZIP			■ 64 C/TY	-ST-7/P					

14. 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 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 on an attachment with an address.

- 12 13 Villa Timo 144 T Tito 1/1/80 (248) 848-78