FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90138 021 ***150.00

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3. Date Incorporated or Qualifed

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

Mailing Address

STE. 100

32991 HAMILTON CT.

FARMINGTON HILLS MI 48334

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P14790

1. Corporation Name

Principal Place of Business

FARMINGTON HILLS MI 48334

32991 HAMILTON CT. STE. 100

HOUSEHOLD LIFE INSURANCE COMPANY

2. Mailing Address Policy Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc.						(06/10/1987					
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9. Name and Address of Current Registered Agent THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL. TALLAHASSEE, FL 32314 84 City 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 register 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, bright in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, bright in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent uprature required when reinstaticing. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DIRECTORS	¬ '	_ ′	<u> </u>	1 ´		1					□No	
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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	14. I hereby certify to	y that the information supplied with										
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, with all other like empowered.	indicated on this officer or director	nis annual report or supplemental are tor of the corporation or the receive	nnual report is true and accurat ir or trustee empowered to exec	e and tha cute this r	it my signatu report as req							

SIGNATURE:

Daytime Phone #

P14790 401260-901382

HOUSEHOLD LIFE INSURANCE COMPANY Officers & Directors

SEPTEMBER 3, 1998

Director

Director
Director

President & CEO
Vice President & Asst. Secretary
Vice President & Asst. Secretary
Vice President

Vice President Vice President Secretary Treasurer

Assistant Secretary

K. A. Anderson
D. R. O'Brien
T. J. Titus

D. R. O'Brien
M. A. DeLuca
R. S. Winder
G. Lunemann
D. J. Mickey
J. R. Wills
P. R. Shay
T. J. Titus
D. Shoop