

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14790

1. Entity Name

HOUSEHOLD LIFE INSURANCE COMPANY

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90058 026 \*\*\*150.00

Principal Place of Business

Mailing Address

32991 HAMILTON CT.  
 STE. 100  
 FARMINGTON HILLS MI 48334  
 US

SANDERS  
 2700 SANDERS RD.  
 TAX- 2 SOUTH  
 PROSPECT HEIGHTS IL 60070  
 US

2. Principal Place of Business

3. Mailing Address

33045 Hamilton Court East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #105

City & State

City & State

Farmington Hills, MI

Zip

Country

Zip

Country

48334

US

4. FEI Number

38-2341728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32314

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
 NAME **BRUCKERT, RONALD L**  
 STREET ADDRESS **32991 HAMILTON CT STE 100**  
 CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

TITLE **P** ☒ Change ☒ Addition  
 NAME **D.R. O'Brien CORPORATE**  
 STREET ADDRESS **200 Somerset Blvd, Suite 100**  
 CITY-ST-ZIP **Bridgewater, NJ 08807**

TITLE **D** ☐ Delete  
 NAME **ANDERSON, KIRK A**  
 STREET ADDRESS **32991 HAMILTON CT. STE 100**  
 CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **DZIUBINSKI, EDWARD J**  
 STREET ADDRESS **32991 HAMILTON CT. STE 100**  
 CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

TITLE **D** ☒ Change ☐ Addition  
 NAME **T.J. Titus CORPORATE**  
 STREET ADDRESS **200 Somerset Blvd, Suite 100**  
 CITY-ST-ZIP **Bridgewater, NJ 08807**

TITLE **C** ☒ Delete  
 NAME **SHOOP, DEBORAH M**  
 STREET ADDRESS **32991 HAMILTON CT. STE 100**  
 CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

TITLE ☐ Change ☒ Addition  
 NAME **ASSISTANT SECRETARY**  
 STREET ADDRESS **ROBERT E. DANIEL**  
 CITY-ST-ZIP **2700 SANDERS RD**  
**PROSPECT HEIGHTS IL 60070**

TITLE **D** ☒ Delete  
 NAME **TITUS, TIMOTHY J**  
 STREET ADDRESS **32991 HAMILTON CT. STE 100**  
 CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

TITLE **S** ☐ Change ☒ Addition  
 NAME **J.A. DAVIS**  
 STREET ADDRESS **200 SOMERSET CORPORATE BLVD, SUITE 100**  
 CITY-ST-ZIP **BRIDGEWATER NJ 08807**

TITLE **SD** ☒ Delete  
 NAME **SHAY, PAUL R**  
 STREET ADDRESS **33045 HAMILTON BLVD**  
 CITY-ST-ZIP **FARMINGTON HILLS MI**

TITLE ☐ Change ☒ Addition  
 NAME **M.A. DeLuca**  
 STREET ADDRESS **2700 Sanders Road**  
 CITY-ST-ZIP **Prospect Heights, IL 60070**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Daniel **ROBERT E. DANIEL**  
 ASSISTANT SECRETARY

4/25/00

(847) 564-6762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)