FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am **DOCUMENT # P14790 Secretary of State** 1. Entity Name HOUSEHOLD LIFE INSURANCE COMPANY 02-19-2001 90017 030 ***150.00 Principal Place of Business Mailing Address 33045 HAMILTON CT. EAST 2700 SANDERS RD. TAX- 2 SOUTH STE. 105 FARMINGTON HILLS MI 48334 PROSPECT HEIGHTS IL 60070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For 38-2341728 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32314 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE Delete TITI F O'BRIEN, D R NAME NAMÉ STREET ADDRESS STREET ADDRESS 200 SOMERSET CORP BLVD STE 100 CITY-ST-ZIP CITY-ST-ZIP **BRIDGEWATER NJ 08807** Channe ☐ Addition TITLE ☐ Delete TITLE ANDERSON, KIRK A NAME NAME STREET ADDRESS STREET ADDRESS 32991 HAMILTON CT. STE 100 CITY-ST-ZIP CITY-ST-ZIP **FARMINGTON HILLS MI 48334** ☐ Delete ☐ Addition TITLE TITI F Change NAME NAME TITUS, T J STREET ADDRESS 200 SOMERSET CORP BLVD STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRIDGEWATER NJ 08807 ☐ Addition TITLE Delete TITLE NAME DANIEL, ROBERT E NAME STREET ADDRESS STREET ADDRESS 2700 SANDERS RD CITY-ST-ZIP CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 Delete Change ■ Addition TITLE TITLE DAVIS, J A STREET ADDRESS 200 SOMERSET CORP BLVD STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRIDGEWATER NJ 08807** TITLE ☐ Delete TITLE ☐ Change ☐ Addition 'DELUCA, M A NAME NAME STREET ADDRESS 2700 SANDERS RD STREET ADDRESS CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 CITY-ST-ZIP 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.