

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P14790

1. Entity Name
HOUSEHOLD LIFE INSURANCE COMPANY



Principal Place of Business
**200 SOMERSET CORPORATE BLVD.
STE. 100
BRIDGEWATER, NJ 08807 US**

Mailing Address
**2700 SANDERS RD.
TAX- 2 SOUTH
PROSPECT HEIGHTS, IL 60070 US**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2341728	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC COZZA, P.A. 200 SOMERSET CORP BLVD STE 100 BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KESLER, W H 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO TITUS, J T 200 SOMERSET CORP BLVD STE 100 BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PISANO, M E 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-80053-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

-Michael E. Pisano

4/17/07

847.564.8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #