

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90074 035 ***150.00

DOCUMENT # P14790

1. Entity Name
HOUSEHOLD LIFE INSURANCE COMPANY



Principal Place of Business
**33045 HAMILTON CT. EAST
STE. 105
FARMINGTON HILLS MI 48334
US**

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



2. Principal Place of Business
200 Somerset Corporate Blvd.

3. Mailing Address

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Bridgewater, NJ

City & State

4. FEI Number **38-2341728**

Applied For
Not Applicable

Zip
08807

Country
USA

Zip

Country

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **O'BRIEN, D R**
STREET ADDRESS **200 SOMERSET CORP BLVD STE 100**
CITY-ST-ZIP **BRIDGEWATER NJ 08807**

TITLE **P** ☐ Change ☒ Addition
NAME **P. A. Cozza**
STREET ADDRESS **200 Somerset Corp Blvd. Ste 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 **D** ☐ Change ☒ Addition
NAME **M. A. Venne**
STREET ADDRESS **2700 Sanders Road**
CITY-ST-ZIP **Prospect Heights, IL 60070**

TITLE **D** ☐ Delete
NAME **TITUS, T J**
STREET ADDRESS **200 SOMERSET CORP BLVD STE 100**
CITY-ST-ZIP **BRIDGEWATER NJ 08807**

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

TITLE **AS** ☒ Delete
NAME **DANIEL, ROBERT E**
STREET ADDRESS **2700 SANDERS RD**
CITY-ST-ZIP **PROSPECT HEIGHTS IL 60070**

TITLE **AS** ☐ Change ☒ Addition
NAME **J. T. Anderson**
STREET ADDRESS **2700 Sanders Road**
CITY-ST-ZIP **Prospect Heights, IL 60070**

TITLE **S** ☐ Delete
NAME **DAVIS, J A**
STREET ADDRESS **200 SOMERSET CORP BLVD STE 100**
CITY-ST-ZIP **BRIDGEWATER NJ 08807**

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

TITLE **V** ☐ Delete
NAME **DELUCA, M A**
STREET ADDRESS **2700 SANDERS RD**
CITY-ST-ZIP **PROSPECT HEIGHTS IL 60070**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jason T. Anderson* **REQUIRED** Jason T. Anderson 4/22/03 847-564-6668
vms SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)