RI SOS Filing Number: 201692327220 Date: 02/11/2016 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
486237	HOUSEHOLD INSURANCE GROUP INC.

3. Principal office address	City	State	Zip
545 WASHINGTON BLVD	JERSEY CITY	NJ	07310

4. Business Phone No.	5. State of Incorporation
224-880-7000	DELAWARE

6. Brief description of the character of business conducted in Rhode Island
INSURANCE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

President Name	Street Address	City	State	Zip
MICHAEL REEVES	10 RAGSDALE DR	MONTEREY	CA	93940
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
TIMOTH C SPARKOWSKI	26525 N RIVERWOODS BLVD STE 100	METTAWA	IL	60045
Secretary Name	**Street Address**	**City**	**State**	**Zip**
LYNNE ZAREMBA	26525 N RIVERWOODS BLVD STE 100	METTAWA	IL	60045
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
JOHN P GRIFFIN	26525 N RIVERWOODS BLVD STE 100	METTAWA	IL	60045

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

Director Name	Street Address	City	State	Zip
ROBERT ROTONDI	452 FIFTH AVE	NEW YORK	NY	10018
Director Name	**Street Address**	**City**	**State**	**Zip**
ANTHONY J DEL PIANO	545 WASHINGTON BLVD	JERSEY CITY	NJ	07310
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
251	COMMON	$100

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

2/1/16
Signature of Authorized Representative — Date

RICK L BEHNKE - ASSISTANT TREASURER
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FILED
FEB 11 2016
BY KL 900532665

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012
132383-63-1107698

HOUSEHOLD INSURANCE GROUP, INC.

DIRECTORS & OFFICERS:

Director	Robert Rotondi
Director	Anthony J. Del Piano
President	Michael Reeves
Vice President/Treasurer	John P. Griffin
Vice President/Controller	Christina Kozaritz
Vice President	Richard L. Besse
Vice President	Barbara Edwards
Vice President	Steven Nachman
Assistant Vice President	Jefferey Medeiros
Assistant Vice President/Treasury	Joseph Kelly
Vice President/Assistant Secretary	Timothy C. Sparkowski
Secretary	Lynne C. Zaremba
Assistant Treasurer	Rick L Behnke
Assistant Treasurer	James Stiegel