



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 486237		2. Exact name of the Corporation HOUSEHOLD INSURANCE GROUP INC.			
3. Principal Office Address 545 WASHINGTON BLVD			City JERSEY CITY	State NJ	Zip 07310
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island INSURANCE			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name MICHAEL REEVES			Vice-President Name JOHN P GRIFFIN		
Street Address 10 RAGSDALE DR.			Street Address 1421 W SHURE DR. STE 100		
City MONTEREY	State CA	Zip 93940	City ARLINGTON HEIGHTS	State IL	Zip 60004
Secretary Name LYNNE ZAREMBA			Treasurer Name JOHN P GRIFFIN		
Street Address 1421 W SHURE DR. STE 100			Street Address 1421 W SHURE DR. STE 100		
City ARLINGTON HEIGHTS	State IL	Zip 60004	City ARLINGTON HEIGHTS	State IL	Zip 60004
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name MICHAEL REEVES			Director Name		
Street Address 10 RAGSDALE DR.			Street Address		
City MONTEREY	State CA	Zip 93940	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			251		COMMON
			PAR VALUE		\$100
11. 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.					
Name of Authorized Representative RICK L BEHNKE ASSISTANT TREASURER					Date 1/26/17
Signature of Authorized Representative 					

SEARCHED INDEXED FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 10 2017

BY 900542265

KM

ID # 486237

HOUSEHOLD INSURANCE GROUP, INC.

DIRECTORS & OFFICERS:

Director
Director
Director

Robert Rotondi
Anthony J. Del Piano
Michael Reeves

President
Vice President/Treasurer
Vice President/Controller
Vice President
Vice President
Vice President
Vice President
Assistant Vice President
Assistant Vice President
Assistant Treasurer
Secretary
Assistant Treasurer
Assistant Treasurer
Assistant Treasurer

Michael Reeves
John P. Griffin
Christina Kozaritz
Richard L. Besse
Steven Nachman
Anthony J. Del Piano
Robert Rotondi
Jefferey Medeiros
Joseph Kelly
Timothy C. Sparkowski
Lynne C. Zaremba
Rick L Behnke
James Stiegel
Steven E. Smith