

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004872

**Entity Name:** HOMESERVICES INSURANCE, INC.**Current Principal Place of Business:**119 14TH STREET NW  
150  
ST. PAUL, MN 55112**Current Mailing Address:**ATTN: LEGAL  
6800 FRANCE AVE. S., STE 610  
EDINA, MN 55435 US**FEI Number:** 47-0681950**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name STRANDMO, DANA D  
Address 6800 FRANCE AVE. S., STE 610  
City-State-Zip: EDINA MN 55435

Title PRESIDENT  
Name ROSATI, CHRISTOPHER  
Address 119 14TH STREET NW, STE 150  
City-State-Zip: ST. PAUL MN 55112

Title DIRECTOR  
Name BLEFARI, EUGENE A.  
Address 6800 FRANCE AVE. S., STE 610  
City-State-Zip: EDINA MN 55435

Title VP, FINANCE  
Name SEAVALL, ALEXANDER E.  
Address 6800 FRANCE AVE. S., STE 610  
City-State-Zip: EDINA MN 55435

Title VP  
Name HALE, JONATHAN D  
Address 666 GRAND AVENUE  
SUITE 500  
City-State-Zip: DES MOINES IA 50309

Title SECRETARY  
Name BROWNE, MICHAEL T  
Address 6800 FRANCE AVE. S., STE 610  
City-State-Zip: EDINA MN 55435

Title VP  
Name BOUDINOT, AMY M  
Address 119 14TH STREET NW, SUITE 150  
City-State-Zip: ST. PAUL MN 55112

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL T. BROWNE****SECRETARY****04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date