

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004872

**Entity Name:** HOMESERVICES INSURANCE, INC.**Current Principal Place of Business:**119 14TH STREET NW  
300  
ST. PAUL, MN 55112**Current Mailing Address:**ATTN: LEGAL  
333 SOUTH 7TH STREET 27TH FLOOR  
MINNEAPOLIS, MN 55402 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	333 SOUTH 7TH STREET 27TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402

Title	VP
Name	EVANS, STEVEN R
Address	666 GRAND AVENUE SUITE 500
City-State-Zip:	DES MOINES IA 50309

Title	PRESIDENT
Name	ROSATI, CHRISTOPHER
Address	333 SOUTH 7TH STREET 27TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402

Title	SECRETARY
Name	BROWNE, MICHAEL T
Address	333 SOUTH 7TH STREET 27TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402

Title	DIRECTOR
Name	PELTIER, RONALD J
Address	333 SOUTH 7TH STREET 27TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402

*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****04/13/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date