

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004872

Entity Name: HOMESERVICES INSURANCE, INC.**Current Principal Place of Business:**333 SOUTH 7TH STREET
SUITE 2420
MINNEAPOLIS, MN 55402**Current Mailing Address:**333 SOUTH 7TH STREET
SUITE 2420
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 | D |
| Name | MOLINE, ROBERT R |
| Address | 333 SOUTH 7TH STREET, SUITE 2700 |
| City-State-Zip: | MINNEAPOLIS MN 55402 |

| | |
|-----------------|----------------------------------|
| Title | P |
| Name | BUSCHO, MELISSA |
| Address | 333 SOUTH 7TH STREET, SUITE 2700 |
| City-State-Zip: | MINNEAPOLIS MN 55402 |

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|-----------------|---------------------|
| Title | AS |
| Name | LEIGHTON, PAUL J |
| Address | 666 GRAND AVENUE |
| City-State-Zip: | DES MOINES IA 50309 |

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

| | |
|-----------------|----------------------------------|
| Title | S |
| Name | STRANDMO, DANA D |
| Address | 333 SOUTH 7TH STREET, SUITE 2700 |
| City-State-Zip: | MINNEAPOLIS MN 55402 |

| | |
|-----------------|----------------------------------|
| Title | D |
| Name | PELTIER, RONALD |
| Address | 333 SOUTH 7TH STREET, SUITE 2700 |
| 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: PAUL J. LEIGHTON**ASSISTANT SECRETARY** 04/20/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date