2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2014
Secretary of State
CC1272648683

DOCUMENT# F06000004872

Entity Name: HOMESERVICES INSURANCE, INC.

Current Principal Place of Business:

333 SOUTH 7TH STREET
SUITE 2700
MINNEAPOLIS, MN 55402

Current Mailing Address:

333 SOUTH 7TH STREET
SUITE 2700
MINNEAPOLIS, MN 55402

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

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

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 03/11/2014

Electronic Signature of Signing Officer/Director Detail — Date