

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002430

Entity Name: HOUSING INSURANCE SERVICES, INC.**Current Principal Place of Business:**189 COMMERCE CT.
CHESHIRE, CT 06410**Current Mailing Address:**189 COMMERCE CT.
CHESHIRE, CT 06410 US**FEI Number:** 06-1314815**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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 DIPALO, JAMES
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name DZEMA, DOUGLAS
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title SECRETARY
Name GALVIN, AMY
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title VC
Name GARRETT, TYRONE
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title CHAIRMAN
Name HINOJOSA, ED
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title ASST. TREASURER
Name LAGONIGRO, PAUL
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name LOWNDES, EDWIN
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title PRESIDENT, DIRECTOR
Name MALASPINA, EDMUND
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

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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: EDMUND MALASPINA**PRESIDENT****04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PATTERSON, JEFFREY
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title ASST. SECRETARY
Name RICE, COURTNEY
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name YOUNG, RUSSELL
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name HARDAWAY, HURTICENE
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name LOSO, KEVIN
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name BERTRAND, SCOTT
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name PEARSON, VINCE
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title VP
Name SULLIVAN, SHERRY
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name ANIBAN, FERNANDO
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name HOPKINS, DUANE
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name SMITH, JANE
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410

Title VP
Name MERRIFIELD, KEN
Address 189 COMMERCE CT.
City-State-Zip: CHESHIRE CT 06410