

**2020 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 BERTRAND, SCOTT  
Address 189 COMMERCE CT.  
City-State-Zip: CHESHIRE CT 06410

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

Title DIRECTOR  
Name DIPAOLO, 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 DIRECTOR  
Name FOOS, JOHN  
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

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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: MALASPINA , EDMUND****PRESIDENT, DIRECTOR****04/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name LAGONIGRO, PAUL  
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

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

Title TREASURER  
Name RODRIGUEZ, SARAH  
Address 189 COMMERCE CT.  
City-State-Zip: CHESHIRE CT 06410

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

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 VP  
Name SULLIVAN, SHERRY  
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