

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000004670

1. Entity Name
**HOUSING AUTHORITY PROPERTY INSURANCE, A
MUTUAL COMPANY**



Principal Place of Business
**140 KENNEDY DRIVE SOUTH
BURLINGTON, VT 05403**

Mailing Address
**PO BOX 189
CHESHIRE, CT 06410-0189**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
06-1206659

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000938036
05/27/08-80075-003 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
LABRIE, DAN
189 COMMERCE COURT
CHESHIRE, CT 06410**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
WILSON, MARK A
189 COMMERCE CT
CHESHIRE, CT 06410**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
MAZZOCOLI, DOMINIC
189 COMMERCE CT
CHESHIRE, CT 06410**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
MALASPINA, EDMUND
189 COMMERCE CT
CHESHIRE, CT 06410**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
LEWELLYN, WILLIAM
189 COMMERCE CT
CHESHIRE, CT 06410**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
REDDING, L. GLEN
807 S. LOWRY
STILLWATER, OK 74074**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark A. Wilson

Mark A. Wilson

4/24/08

203-272-8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone