


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	
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Principal Place of Business 140 KENNEDY DRIVE SOUTH BURLINGTON, VT 05403	Mailing Address PO BOX 189 CHESHIRE, CT 06410-0189
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1206659	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 05/27/08-80075-009 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 *