2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# F04000004670

Entity Name: HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY

Current Principal Place of Business:

140 KENNEDY DRIVE SOUTH
BURLINGTON, VT 05403

New Principal Place of Business:

Current Mailing Address:

PO BOX 189
CHESHIRE, CT 064100189

New Mailing Address:

FEI Number: 06-1206659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LABRIE, DAN
Address: 189 COMMERCE COURT
City-St-Zip: CHESHIRE, CT 06410

Title: T ( ) Delete
Name: WILSON, MARK A
Address: 189 COMMERCE CT
City-St-Zip: CHESHIRE, CT 06410

Title: V ( ) Delete
Name: MAZZOCCOLI, DOMINIC
Address: 189 COMMERCE CT
City-St-Zip: CHESHIRE, CT 06410

Title: V ( ) Delete
Name: MALASPINA, EDMUND
Address: 189 COMMERCE CT
City-St-Zip: CHESHIRE, CT 06410

Title: V ( ) Delete
Name: LEWELLYN, WILLIAM
Address: 189 COMMERCE CT
City-St-Zip: CHESHIRE, CT 06410

Title: D ( ) Delete
Name: REDDING, L. GLEN
Address: 807 S. LOWRY
City-St-Zip: STILLWATER, OK 74074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A WILSON T 01/21/2009

Electronic Signature of Signing Officer or Director — Date