2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# F04000004670

Entity Name: HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY

Current Principal Place of Business:

148 COLLEGE STREET, SUITE 204
BURLINGTON, VT 05401

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
Name: LABRIE, DAN
Address: 189 COMMERCE COURT
City-St-Zip: CHESHIRE, CT 06410

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

Title: V
Name: SAGERS, DAVID
Address: 189 COMMERCE CT
City-St-Zip: CHESHIRE, CT 06410

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK WILSON T 03/17/2011

Electronic Signature of Signing Officer or Director — Date