

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004872

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: HOMESERVICES INSURANCE, INC.

**Current Principal Place of Business:**

3355 ORWELL STREET  
SUITE 102  
LINCOLN, NE 68516

**New Principal Place of Business:**

**Current Mailing Address:**

333 S. 7TH ST  
SUITE 2700  
MINNEAPOLIS, MN 55402

**New Mailing Address:**

FEI Number: 47-0681950      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: PELTIER, JEAN P  
Address: 3355 ORWELL STREET  
City-St-Zip: LINCOLN, NE 68516

Title: P ( ) Delete  
Name: NELSON, JOEL  
Address: 3355 ORWELL STREET  
City-St-Zip: LINCOLN, NE 68516

Title: VD ( ) Delete  
Name: BUSCHO, MELISSA  
Address: 3355 ORWELL STREET  
City-St-Zip: LINCOLN, NE 68516

Title: VCFO ( ) Delete  
Name: SATTTLER, CINDY  
Address: 3355 ORWELL STREET  
City-St-Zip: LINCOLN, NE 68516

Title: S ( ) Delete  
Name: STRANDMO, DANA  
Address: 3355 ORWELL STREET  
City-St-Zip: LINCOLN, NE 68516

Title: D ( ) Delete  
Name: PELTIER, RONALD  
Address: 3355 ORWELL STREET  
City-St-Zip: LINCOLN, NE 68516

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

SIGNATURE: DANA STRANDMO

S

04/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date