## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004872

STRANDMO, DANA

LINCOLN, NE 68516

PELTIER, RONALD

LINCOLN, NE 68516

SIGNATURE: PAUL J. LEIGHTON

3355 ORWELL STREET

3355 ORWELL STREET

( ) Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 21, 2008 Secretary of State

Entity Name: HOMESERVICES INSURANCE, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 102	/ELL STREET P NE 68516					
Current Mailing Address:			New Mailing Address:			
333 S. 7TH SUITE 270 MINNEAPO	_	02				
FEI Number: 47-0681950 FEI Number Applied For ( )			FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324					
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.						
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agen	t		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOD () PELTIER, JEAN 3355 ORWELL LINCOLN, NE 6	STREET	Title: Name: Address: City-St-Zip:	MOLINE, ROB	TH STREET, SUITE 2700	
Title: Name: Address: City-St-Zip:	P () NELSON, JOEL 3355 ORWELL LINCOLN, NE 6		Title: Name: Address: City-St-Zip:	NELSON, JOE	TH STREET, SUITE 2700	
Title: Name: Address: City-St-Zip:	VD () BUSCHO, MELI 3355 ORWELL LINCOLN, NE 6	STREET	Title: Name: Address: City-St-Zip:	BUSCHO, MEI	TH STREET, SUITE 2700	
Title: Name: Address: City-St-Zip:	VCFO () SATTLER, CIND 3355 ORWELL LINCOLN, NE 6	STREET	Title: Name: Address: City-St-Zip:	EVANS, STEV	VENUE, #2900	
Title:	S ()	Delete	Title:	S ()	() Change ( ) Addition	

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

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

STRANDMO, DANA

PELTIER, RONALD

AS

MINNEAPOLIS, MN 55402

MINNEAPOLIS, MN 55402

333 SOUTH 7TH STREET, SUITE 2700

333 SOUTH 7TH STREET, SUITE 2700

(X) Change ( ) Addition

04/21/2008