## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004872

Entity Name: HOMESERVICES INSURANCE, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3355 ORWELL STREET SUITE 102 LINCOLN, NE 68516					
Current Mailing Address:			New Mailing Address:		
333 S. 7TH SUITE 2700 MINNEAPC		2			
FEI Number:	47-0681950	FEI Number Applied For ( ) FEI Num	nber Not Applic	cable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
	Electroni	c Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MOLINE, ROBER	STREET, SUITE 2700	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NELSON, JOEL	Oelete STREET, SUITE 2700 //N 55402	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition EVANS, STEVEN R 666 GRAND AVENUE DES MOINES, IA 50309	
Title: Name: Address: City-St-Zip:	BUSCHO, MELIS	STREET, SUITE 2700	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition BUSCHO, MELISSA 333 SOUTH 7TH STREET, SUITE 2700 MINNEAPOLIS, MN 55402	
Title: Name: Address: City-St-Zip:	VP () I EVANS, STEVEN 666 GRAND AVE DES MOINES, IA	NUE, #2900	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition STRANDMO, DANA D 333 SOUTH 7TH STREET, SUITE 2700 MINNEAPOLIS, MN 55402	
Title: Name: Address: City-St-Zip:	STRANDMO, DA	STREET, SUITE 2700	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition LEIGHTON, PAUL J 666 GRAND AVENUE DES MOINES, IA 50309	
Title: Name: Address: City-St-Zip:	PELTIER, RONA	STREET, SUITE 2700	Title: Name: Address: City-St-Zip:	()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.

SIGNATURE: PAUL J. LEIGHTON

AS

03/20/2009