

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004872

FILED  
Feb 02, 2010  
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:** D  
**Name:** MOLINE, ROBERT R  
**Address:** 333 SOUTH 7TH STREET, SUITE 2700  
**City-St-Zip:** MINNEAPOLIS, MN 55402

**Title:** VP  
**Name:** EVANS, STEVEN R  
**Address:** 666 GRAND AVENUE  
**City-St-Zip:** DES MOINES, IA 50309

**Title:** P  
**Name:** BUSCHO, MELISSA  
**Address:** 333 SOUTH 7TH STREET, SUITE 2700  
**City-St-Zip:** MINNEAPOLIS, MN 55402

**Title:** S  
**Name:** STRANDMO, DANA D  
**Address:** 333 SOUTH 7TH STREET, SUITE 2700  
**City-St-Zip:** MINNEAPOLIS, MN 55402

**Title:** AS  
**Name:** LEIGHTON, PAUL J  
**Address:** 666 GRAND AVENUE  
**City-St-Zip:** DES MOINES, IA 50309

**Title:** D  
**Name:** PELTIER, RONALD  
**Address:** 333 SOUTH 7TH STREET, SUITE 2700  
**City-St-Zip:** MINNEAPOLIS, MN 55402

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

**SIGNATURE:** PAUL J. LEIGHTON

AS

02/02/2010

Electronic Signature of Signing Officer or Director

Date