

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004872

FILED
Apr 18, 2011
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

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

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date