

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002153

FILED
Apr 21, 2009
Secretary of State

Entity Name: HOUSING ENTERPRISE INSURANCE COMPANY, INC.

Current Principal Place of Business:

140 KENNEDY DR SOUTH
BURLINGTON, VT 05403

New Principal Place of Business:

140 KENNEDY DR
SOUTH BURLINGTON, VT 05403

Current Mailing Address:

PO BOX 189
189 COMMERCE COURT
CHESHIRE, CT 064100189

New Mailing Address:

FEI Number: 06-1597889 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: CD () Delete
Name: ROMANO, BARRY
Address: 200 S PEARL STREET
City-St-Zip: ALBANY, NY 12202

Title: VCD () Delete
Name: LOWNDES, EDWIN
Address: 301 E ARMOUR BLVD
City-St-Zip: KANSAS, MO 64111

Title: DFMO () Delete
Name: DIPAOLO, JAMES
Address: 777 GRANT ST
City-St-Zip: DENVER, CO 80203

Title: D () Delete
Name: DZEMA, DOUGLAS
Address: 881 AMBOY AVE
City-St-Zip: PERTH AMBOY, NJ 08862

Title: D () Delete
Name: FALEK, STEPHEN
Address: 809 N BROADWAY
City-St-Zip: MILWAUKEE, WI 53202

Title: D () Delete
Name: PRESS, RICHARD S
Address: 101 BOGLE ST
City-St-Zip: WESTON, MA 024931056

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:

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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 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: MARK A. WILSON

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04/21/2009

Electronic Signature of Signing Officer or Director

Date