

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002153

FILED
Jan 06, 2012
Secretary of State

Entity Name: HOUSING ENTERPRISE INSURANCE COMPANY, INC.

Current Principal Place of Business:

148 COLLEGE STREET
SUITE 204
BURLINGTON, VT 05401

New Principal Place of Business:

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
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: LOWNDES, EDWIN
Address: 301 E ARMOUR BLVD
City-St-Zip: KANSAS, MO 64111

Title: D
Name: REDDING, GLEN
Address: 807 S LOWRY
City-St-Zip: STILLWATER, OK 74074

Title: D
Name: DIPAOLO, JAMES
Address: 777 GRANT ST
City-St-Zip: DENVER, CO 80203

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

Title: D
Name: WILLIAMS, JOHN
Address: 1000 WYNNTON ROAD
City-St-Zip: COLUMBUS, GA 31906

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

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: AMY GALVIN

AT

01/06/2012

Electronic Signature of Signing Officer or Director

Date