

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158196

FILED
Feb 04, 2010
Secretary of State

Entity Name: HOMEWISE INSURANCE COMPANY

Current Principal Place of Business:

18302 HIGHWOODS PRESERVE PKY
STE 110
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18302 HIGHWOODS PRESERVE PKY
STE 110
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-3395013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 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: ROSE, WILLIAM E
Address: 2101 CEDAR SPRINGS, SUITE 700
City-St-Zip: DALLAS, TX 75201

Title: D
Name: AKHTAR, JAMIEL A
Address: 2101 CEDAR SPRINGS, SUITE 700
City-St-Zip: DALLAS, TX 75201

Title: D
Name: GENTRY, BAKER
Address: 2101 CEDAR SPRINGS, SUITE 700
City-St-Zip: DALLAS, TX 75201

Title: D
Name: LEE, THOMAS A
Address: 915 OAKFIELD DRIVE, SUITE F
City-St-Zip: BRANDON, FL 33511

Title: DP
Name: HAMMOND, DALE S
Address: 18302 HIGHWOODS PRESERVE PKY, STE. 110
City-St-Zip: TAMPA, FL 33647

Title: T
Name: JOURNY, TIMOTHY L
Address: 18302 HIGHWOODS PRESERVE PKY, STE. 10
City-St-Zip: TAMPA, FL 33647

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: DALE S. HAMMOND

DP

02/04/2010

Electronic Signature of Signing Officer or Director

Date