

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004494

FILED  
Mar 10, 2005  
Secretary of State

Entity Name: HOMESERVICES INSURANCE, INC.

## Current Principal Place of Business:

4535 NORMAL BLVD., SUITE 165  
LINCOLN, NE 68506

## New Principal Place of Business:

666 GRAND AVE. #2900  
DES MOINES, IA 50309

## Current Mailing Address:

4535 NORMAL BLVD., SUITE 165  
LINCOLN, NE 68506

## New Mailing Address:

BOX 657  
DES MOINES, IA 503090657

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: PD ( ) Delete  
Name: MOLINE, ROBERT  
Address: 4535 NORMAL BLVD., SUITE 165  
City-St-Zip: LINCOLN, NE 68506

Title: VD ( ) Delete  
Name: HOLLOWAY, JIMMY  
Address: 2501 20TH PLACE SOUTH, SUITE 430  
City-St-Zip: BIRMINGHAM, AL 35223

Title: V (X) Delete  
Name: SOWERS, MARSHA  
Address: 4535 NORMAL BLVD., SUITE 165  
City-St-Zip: LINCOLN, NE 68506

Title: V ( ) Delete  
Name: PELTIER, JEAN PAUL  
Address: 6800 FRANCE AVE. SOUTH  
City-St-Zip: EDINA, MN 55435

Title: S ( ) Delete  
Name: LEIGHTON, PAUL  
Address: 666 GRAND AVENUE  
City-St-Zip: DES MOINES, IA 503030657

Title: T (X) Delete  
Name: HIRT, MITCH  
Address: 4535 NORMAL BLVD., SUITE 165  
City-St-Zip: LINCOLN, NE 68506

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition  
Name: MOLINE, ROBERT  
Address: 4535 NORMAL BLVD., SUITE 165  
City-St-Zip: LINCOLN, NE 68506

Title: VP D (X) Change ( ) Addition  
Name: HOLLOWAY, JIMMY  
Address: 2501 20TH PLACE SOUTH, SUITE 430  
City-St-Zip: BIRMINGHAM, AL 35223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: LEIGHTON, PAUL  
Address: 666 GRAND AVENUE  
City-St-Zip: DES MOINES, IA 503030657

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL J. LEIGHTON

AS

03/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date