

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004670

FILED
Jan 12, 2017
Secretary of State
CC3710457432

Entity Name: HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY

Current Principal Place of Business:

148 COLLEGE STREET, SUITE 204
BURLINGTON, VT 05401

Current Mailing Address:

PO BOX 189
CHESHIRE, CT 06410-0189

FEI Number: 06-1206659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR. SUITE A
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PD
Name WILSON, MARK
Address 189 COMMERCE COURT
City-State-Zip: CHESHIRE CT 06410

Title T
Name WILSON, MARK
Address 189 COMMERCE CT
City-State-Zip: CHESHIRE CT 06410

Title V
Name MALASPINA, EDMUND
Address 189 COMMERCE CT
City-State-Zip: CHESHIRE CT 06410

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

Title SECRETARY
Name GALVIN, AMY
Address 189 COMMERCE CT
City-State-Zip: CHESHIRE CT 06410

Title ASSISTANT TREASURER
Name RODRIGUEZ, SARAH
Address 189 COMMERCE COURT
City-State-Zip: CHESHIRE CT 06410

Title DIRECTOR
Name WILLIS, LINNIE
Address 435 NEBRASKA AVE
City-State-Zip: TOLEDO OH 43604

Title CHAIR
Name HART, CHRISTINE
Address 98 GREEN MEADOW ROAD
City-State-Zip: BRATTLEBORO VT 05301

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH RODRIGUEZ

ASST. TREASURER

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VC
Name DIPAOLO, JAMES
Address 777 GRANT STREET
City-State-Zip: DENVER CO 80204

Title DIRECTOR
Name FOOS, JOHN
Address 1181 GUSSIE'S KNOLL
City-State-Zip: GREENSBORO GA 30642

Title DIRECTOR
Name HINOJOSA, ED
Address 818 SOUTH FLORES STREET
City-State-Zip: SAN ANTONIO TX 78295

Title DIRECTOR
Name SHULDINER, JOSEPH
Address 1511 CENTRAL PARK AVENUE
City-State-Zip: YONKERS NY 10710

Title DIRECTOR
Name WILLIAMS, LEN
Address 1000 WYNNNTON ROAD
City-State-Zip: COLUMBUS GA 31902

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

Title DIRECTOR
Name GARRETT, TYRONE
Address 2 HOPE LANE
City-State-Zip: LONG BRANCH NJ 07740

Title DIRECTOR
Name LOWNDES, EDWIN
Address 920 MAIN STREET
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name WASSON, GARY
Address 651 CARDINAL PLACE
City-State-Zip: DANVILLE VA 24541

Title DIRECTOR
Name YOUNG, RUSSELL
Address 150 SOUTH CHAMPLAIN STREET
City-State-Zip: BURLINGTON VT 05402