

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2013
Secretary of State
CC7902467460

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:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
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 LABRIE, DAN
Address 189 COMMERCE COURT
City-State-Zip: CHESHIRE CT 06410

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

Title V
Name WESLOW, JEFFREY D
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 V
Name LEWELLYN, WILLIAM
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 ASST. TREASURER
Name GALVIN, AMY
Address 189 COMMERCE CT
City-State-Zip: CHESHIRE CT 06410

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: AMY GALVIN

ASST TREASURER

01/07/2013

Electronic Signature of Signing Officer/Director Detail

Date