Entity Name: HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

14 IRONWOOD LANE SWANTON, VT 05488

Current Mailing Address:

PO BOX 189 CHESHIRE, CT 06410-0189

DOCUMENT# F04000004670

FEI Number: 06-1206659

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS,INC. 155 OFFICE PLAZA DR.SUITE A TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

Officer/Director Detail :

| Officer/Director Detail : | | | | | |
|---------------------------|-------------------------|-----------------|----------------------------|--|--|
| Title | PRESIDENT | Title | SECRETARY | | |
| Name | MALASPINA, EDMUND | Name | GALVIN, AMY | | |
| Address | 189 COMMERCE CT | Address | 189 COMMERCE CT | | |
| City-State-Zip: | CHESHIRE CT 06410 | City-State-Zip: | CHESHIRE CT 06410 | | |
| Title | DIRECTOR | Title | DIRECTOR | | |
| Name | DIPAOLO, JAMES | Name | DZEMA, DOUGLAS | | |
| Address | 777 GRANT STREET | Address | 881 AMBOY AVE | | |
| City-State-Zip: | DENVER CO 80204 | City-State-Zip: | PERTH AMBOY NJ 08862 | | |
| Title | CHAIRMAN | Title | DIRECTOR | | |
| Name | HINOJOSA, ED | Name | YOUNG, RUSSELL | | |
| Address | 818 SOUTH FLORES STREET | Address | 150 SOUTH CHAMPLAIN STREET | | |
| City-State-Zip: | SAN ANTONIO TX 78295 | City-State-Zip: | BURLINGTON VT 05402 | | |
| Title | DIRECTOR | Title | DIRECTOR | | |
| Name | PATTERSON, JEFFERY | Name | BERTRAND, SCOTT | | |
| Address | 8120 KINSMAN ROAD | Address | 1 PEARSON WAY | | |
| City-State-Zip: | CLEVELAND OH 44104 | City-State-Zip: | ENFIELD CT 06082 | | |
| | | • | | | |

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: AMY GALVIN | SECRETARY | 02/03/2022 |
|-----------------------|-----------|------------|
| | | _ |

Electronic Signature of Signing Officer/Director Detail

FILED Feb 03, 2022 Secretary of State 5030042292CC

Date

Date

Officer/Director Detail Continued :

189 COMMERCE COURT

City-State-Zip: CHESHIRE CT 06410

Address

| Title | DIRECTOR | Title | DIRECTOR |
|-----------------|------------------------------------|-----------------|------------------------------------|
| Name | PEARSON, VINCE | Name | HOPKINS, DUANE |
| Address | 801 12TH STREET | Address | 1715 WEST MOUNTAIN AVENUE |
| City-State-Zip: | SACRAMENTO CA 95814 | City-State-Zip: | FORT COLLINS CO 80521 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | LOSO, KEVIN | Name | SMITH, JANE |
| Address | 5 TREMONT STREET | Address | 300 S. ROCK SPRINGS STREET |
| City-State-Zip: | RUTLAND VT 05701 | City-State-Zip: | ATHENS GA 30603 |
| Title | VP | Title | VP |
| Name | SULLIVAN, SHERRY | Name | MERRIFIELD, KENNETH |
| Address | 189 COMMERCE COURT P.O. BOX 189 | Address | 189 COMMERCE COURT P.O. BOX 189 |
| City-State-Zip: | CHESHIRE CT 06410-0189 | City-State-Zip: | CHESHIRE CT 06410 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | ANIBAN, FERNANDO | Name | BROWNE, RICHARD |
| Address | 809 NORTH BROADWAY | Address | 946 GEORGETOWN RD |
| City-State-Zip: | MILWAUKEE WI 53202 | City-State-Zip: | SWARTHMORE PA 19081 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | EDWIN, LOWNDES | Name | SMITH , MARY |
| Address | 920 MAIN STREET, SUITE 701 | Address | 17533 MAPLE DR. |
| City-State-Zip: | KANSAS CITY MO 64105 | City-State-Zip: | LANSING IL 60438 |
| Title | ASSISTANT CORPORATE SECRETARY | Title | TREASURER |
| Name | COURTNEY , RICE | Name | LEPAGE, TROY |
| Address | 189 COMMERCE COURT | Address | 189 COMMERCE COURT P.O. BOX 189 |
| City-State-Zip: | CHESHIRE CT 06410 | City-State-Zip: | CHESHIRE CT 06410 |
| Title | ASSISTANT TREASURER | | |
| Name | LAGONIGRO, PAUL | | |