

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002153

**Entity Name:** HOUSING ENTERPRISE INSURANCE COMPANY, INC.

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC1857449009**

**Current Principal Place of Business:**

148 COLLEGE STREET  
SUITE 204  
BURLINGTON, VT 05401

**Current Mailing Address:**

PO BOX 189  
189 COMMERCE COURT  
CHESHIRE, CT 06410-0189

**FEI Number: 06-1597889**

**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 D  
Name LOWNDES, EDWIN  
Address 301 E ARMOUR BLVD  
City-State-Zip: KANSAS MO 64111

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

Title D  
Name DIPAOLO, JAMES  
Address 777 GRANT ST  
City-State-Zip: DENVER CO 80203

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

Title D  
Name WILLIAMS, JOHN  
Address 1000 WYNNNTON ROAD  
City-State-Zip: COLUMBUS GA 31906

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

Title DIRECTOR  
Name HART, CHRISTINE  
Address PO BOX 2275  
City-State-Zip: BRATTLEBORO VT

Title DIRECTOR  
Name WASSON, GARY  
Address PO BOX 2669  
City-State-Zip: DANVILLE VA

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

**SIGNATURE: SARAH RODRIGUEZ**

**ASST. TREASURER**

**03/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title PRESIDENT  
Name WILSON, MARK  
Address PO BOX 189  
189 COMMERCE COURT  
City-State-Zip: CHESHIRE CT 06410-0189

Title VP  
Name MALASPINA, EDMUND  
Address PO BOX 189  
189 COMMERCE COURT  
City-State-Zip: CHESHIRE CT 06410-0189

Title ASST. SECRETARY  
Name RICE, COURTNEY  
Address PO BOX 189  
189 COMMERCE COURT  
City-State-Zip: CHESHIRE CT 06410-0189

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

Title DIRECTOR  
Name YOUNG, RUSSELL  
Address 100 EAST STATE STREET  
City-State-Zip: MONTPELIER VT

Title TREASURER  
Name WILSON, MARK  
Address PO BOX 189  
189 COMMERCE COURT  
City-State-Zip: CHESHIRE CT 06410-0189

Title SECRETARY  
Name GALVIN, AMY  
Address PO BOX 189  
189 COMMERCE COURT  
City-State-Zip: CHESHIRE CT 06410-0189

Title ASST. TREASURER  
Name RODRIGUEZ, SARAH  
Address PO BOX 189  
189 COMMERCE COURT  
City-State-Zip: CHESHIRE CT 06410