

No. <b>C 183386</b>	<b>Due no later than Jun 30, 2013</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HOUSING INSURANCE SERVICES, INC. 189 COMMERCE COURT CHESHIRE CT 06410 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA				
		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JAMES DIPAOLO	189 COMMERCE COURT	CHESHIRE	CT	USA	06410
DIRECTOR	DAN LABRIE	189 COMMERCE COURT	CHESHIRE	CT	USA	06410
TREASURER	MARK WILSON	189 COMMERCE COURT	CHESHIRE	CT	USA	06410
PRESIDENT	DAN LABRIE	189 COMMERCE COURT	CHESHIRE	CT	USA	06410
SECRETARY	LESLIE WHITLOCK	189 COMMERCE COURT	CHESHIRE	CT	USA	06410
5. Organized Under the Laws of:  <b>CT C 183386</b>	6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann		Date: 05/25/2013 Title: Poa			
Processed 05/25/2013		* Electronically provided signatures are accepted as original signatures.				