

1.) CORPORATION NAME:

Housing Authority Property Insurance, a Mutual Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI BUSINESS FILINGS INCORPORATED 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **6/30/2011**

SCC ID NO: **F1590084**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 189 COMMERCE CT

CITY/ST/ZIP: CHESHIRE, CT 06410-0189

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DAN LABRIE
TITLE: PRESIDENT
ADDRESS: 189 COMMERCE CT
CITY/ST/ZIP/CO: CHESHIRE, CT 06410-0189

OFFICER DIRECTOR

NAME: MARK WILSON
TITLE: TREASURER
ADDRESS: 189 COMMERCE CT
CITY/ST/ZIP/CO: CHESHIRE, CT 06410-0189

OFFICER DIRECTOR

NAME: LESLIE WHITLOCK
TITLE: SECRETARY
ADDRESS: 189 COMMERCE CT
CITY/ST/ZIP/CO: CHESHIRE, CT 06410-0189

OFFICER DIRECTOR

NAME: AMY GALVIN
TITLE: ASST TREAS
ADDRESS: 189 COMMERCE CT
CITY/ST/ZIP/CO: CHESHIRE, CT 06410-0189

OFFICER DIRECTOR

NAME: MEGAN JOHNSON
TITLE: ASST SEC
ADDRESS: 189 COMMERCE CT
CITY/ST/ZIP/CO: CHESHIRE, CT 06410-0189

OFFICER DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ AMY GALVIN</u>	<u>AMY GALVIN, ASST TREAS</u>	<u>4/27/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.