

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213521866

1.) CORPORATION NAME:

Housing Authority Property Insurance, a Mutual Company

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1590084**

5.) STOCK INFORMATION

CLASS AUTHORIZED

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAN LABRIE				
TITLE:	PRESIDENT				
ADDRESS:	189 COMMERCE CT				
CITY/ST/ZIP/CO:	CHESHIRE, CT 06410-0189				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	AMY GALVIN				
TITLE:	ASST TREAS				
ADDRESS:	189 COMMERCE CT				
CITY/ST/ZIP/CO:	CHESHIRE, CT 06410-0189				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARK WILSON				
TITLE:	TREASURER				
ADDRESS:	189 COMMERCE CT				
CITY/ST/ZIP/CO:	CHESHIRE, CT 06410-0189				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KENNETH HOUSE JR				
TITLE:	ASST SECRETARY				
ADDRESS:	189 COMMERCE COURT				
CITY/ST/ZIP/CO:	CHESHIRE, CT 06410-0189				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	LESLIE WHITLOCK				
TITLE:	SECRETARY				
ADDRESS:	189 COMMERCE CT				
CITY/ST/ZIP/CO:	CHESHIRE, CT 06410-0189				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	William Theodore Lewellyn				
TITLE:	VICE PRESIDENT				
ADDRESS:	189 Commerce Court				
CITY/ST/ZIP/CO:	Cheshire, CT 06410-0189				

NAME: JEFFREY DEAN WESLOW TITLE: VICE PRESIDENT ADDRESS: 189 COMMERCE COURT CITY/ST/ZIP/CO: CHESHIRE, CT 06410-0189	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: EDMUND JOSEPH MALASPINA TITLE: VICE PRESIDENT ADDRESS: 189 COMMERCE COURT CITY/ST/ZIP/CO: CHESHIRE, CT 06410-0189	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

/s/ AMY GALVIN	AMY GALVIN, ASST TREAS	5/7/2013
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.