

1.) CORPORATION NAME:

Housing Enterprise Insurance Company, Inc.

DUE DATE: **4/30/2012**

SCC ID NO: **F1786799**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 148 COLLEGE STREET, STE 204

CITY/ST/ZIP: BURLINGTON, VT 05401-

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: DANIEL LABRIE
TITLE: PRESIDENT
ADDRESS: 189 COMMERCE COURT
CITY/ST/ZIP/CO: CHESHIRE, CT 06410-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: EDWIN LOWNDES
TITLE: DIRECTOR
ADDRESS: 301 EAST ARMOUR BLVD
CITY/ST/ZIP/CO: KANSAS CITY, MO 64111-

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 TREASURER</u>	<u>3/2/2012</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.