



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Moffis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000150434		2. Name of Corporation Home Crest Insurance Services, Inc.			
3. Street Address Principal Business Office 17861 Von Karman Avenue			City Irvine	State CA	Zip 92614
4. Business Phone No. 212-270-8805		5. State of Incorporation California			
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance agency.					
President Name Sally E. Durdan			Vice President Name Michael Lipsitz		
Street Address 270 Park Avenue			Street Address 10 South Dearborn		
City New York	State New York	Zip 10017	City Chicago	State Illinois	Zip 60603
Secretary Name Anthony J. Horan			Treasurer Name Lisa J. Fitzgerald		
Street Address 270 Park Avenue			Street Address 270 Park Avenue		
City New York	State New York	Zip 10017	City New York	State New York	Zip 10017
Director Name Anthony J. Horan			Director Name		
Street Address 270 Park Avenue			Street Address		
City New York	State New York	Zip 10017	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
Number of Shares 250		Class/Series CWP		Par Value 100.00	
THIS SECTION MUST BE COMPLETED					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Colleen A. Meade 2/2/09
Signature Date

Colleen A. Meade

Print or Type Name

Vice President & Assistant Secretary

Title

Form 630 Rev. 08/08

FILED

FEB 03 2009

By JPB 79792

HOME CREST INSURANCE SERVICES, INC.

Attachment to Item 7. Names and Addresses of Officers

Colleen A. Meade
Vice President & Assistant Secretary
4 Chase Metrotech
Brooklyn, New York 11245