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

A. Ralph Mollis, 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&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
000150434	Home Crest Insurance Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
17861 Von Karman Avenue		Irvine	CA	92614
4. Business Phone No.	5. State of Incorporation			
212-270-8805	California			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Insurance agency.				

President Name			Vice President Name		
Sally E. Durdan			Michael Lipsitz		
Street Address			Street Address		
270 Park Avenue			10 South Dearborn		
City	State	Zip	City	State	Zip
New York	New York	10017	Chicago	Illinois	60603
Secretary Name			Treasurer Name		
Anthony J. Horan			Lisa J. Fitzgerald		
Street Address			Street Address		
270 Park Avenue			270 Park Avenue		
City	State	Zip	City	State	Zip
New York	New York	10017	New York	New York	10017
Director Name			Director Name		
Anthony J. Horan					
Street Address			Street Address		
270 Park Avenue					
City	State	Zip	City	State	Zip
New York	New York	10017			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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CORPORATIONS DIV
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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.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	250	CWP	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.

[redacted]

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

[redacted]

FILED
FEB 03 2009
By [redacted]

R1200 - 09/16/2008 C T System Online

Form 630 Rev. 08/08

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