

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017331

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE RESPONSIVE AUTO INSURANCE COMPANY

Current Principal Place of Business:

8151 PETERS ROAD SUITE 1000
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8151 PETERS ROAD SUITE 1000
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 26-1972448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE CHIEF FINANCIAL OFFICER OF THE STATE
200 EAST GAINES ST
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

THE CHIEF FINANCIAL OFFICER OF THE STATE
200 EAST GAINES ST
TALLAHASSEE, FL 32399 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN D. MACHUL

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACHUL, JOHN D
Address: 3201 NE 183RD ST 403
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: AROCHO, VICTOR A
Address: 18532 NW 23RD
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: FRITZ, WILLIAM E
Address: 3672 SARATOGA AVE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: D () Delete
Name: COX, JR., JOHN M
Address: 241 GALE AVE
City-St-Zip: RIVER FOREST, IL 60305

Title: D () Delete
Name: STEWART, PHILIP W
Address: 1130 DONEGAL CT.
City-St-Zip: WOODSTOCK, IL 60098

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. MACHUL

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

Date