

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017331

FILED
Apr 17, 2013
Secretary of State
CC9432310016

Entity Name: THE RESPONSIVE AUTO INSURANCE COMPANY

Current Principal Place of Business:

8151 PETERS ROAD SUITE 1000
PLANTATION, FL 33324

Current Mailing Address:

8151 PETERS ROAD SUITE 1000
PLANTATION, FL 33324

FEI Number: 26-1972448

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name NEE, TIMOTHY B
Address 921 WESTHAM PARKWAY
City-State-Zip: RICHMOND VA 23229

Title D
Name FRITZ, WILLIAM E
Address 3672 SARATOGA AVE
City-State-Zip: DOWNERS GROVE IL 60515

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

Title D
Name STEWART, PHILIP W
Address 1130 DONEGAL CT.
City-State-Zip: WOODSTOCK IL 60098

I hereby 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 all other like empowered.

SIGNATURE: JOHN D. MACHUL

CEO

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date