

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017331

FILED
Aug 05, 2014
Secretary of State
CC3254403404

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 DIRECTOR
Name MACHUL, JOHN D
Address 8151 PETERS ROAD SUITE 1000
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name NEE, TIMOTHY B
Address 8151 PETERS ROAD SUITE 1000
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name FAHEY, TOM
Address 8151 PETERS ROAD SUITE 1000
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name COX, JR., JOHN M
Address 8151 PETERS ROAD SUITE 1000
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name STEWART, PHILIP W
Address 8151 PETERS ROAD SUITE 1000
City-State-Zip: PLANTATION FL 33324

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

DIRECTOR

08/05/2014

Electronic Signature of Signing Officer/Director Detail

Date