

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017331

Entity Name: THE RESPONSIVE AUTO INSURANCE COMPANY

Current Principal Place of Business:

8151 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324

FILED
Mar 31, 2016
Secretary of State
CC3578480453

Current Mailing Address:

8151 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324 US

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 8151 PETERS ROAD
City-State-Zip: PLANTATION FL 33324

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

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

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

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

Title DIRECTOR
Name PORRO, JUAN
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 MACHUL

CEO

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date