2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2019
Secretary of State
9279807539CC

DOCUMENT# P08000017331

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 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 04/10/2019

Electronic Signature of Signing Officer/Director Detail — Date