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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03009** **(8)**

1. Corporation Name

~~JOHN HANCOCK INDEMNITY COMPANY~~
RESPONSE INSURANCE COMPANY

Principal Place of Business	Mailing Address
200 CLARENDON S., T28 P. O. BOX 854 BOSTON MA 02117 US	JOHN HANCOCK PLACE PO BOX 854 BOSTON MA 02117-0854 US

3. Date Incorporated or Qualified: 08/13/1984
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business
21 2975 Westchester Ave.
Suite, Apt. #, etc.
22 Suite G-1
City & State
23 Purchase NY
Zip 24 10577 Country 25 US

2a. Mailing Address
26 POB 129122
Suite, Apt. #, etc.
27
City & State
28 Boston MA
Zip 29 02112-9122 Country 30 US

4. FEI Number: 04-2794993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STUDLEY, MICHAEL H.		1.2 NAME	Charles A. Bryan	
STREET ADDRESS	22 SUMMIT DR.		1.3 STREET ADDRESS	2975 Westchester Ave., Suite G-1	
CITY-ST-ZIP	HINGHAM MA		1.4 CITY-ST-ZIP	Purchase NY 10577	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	SWEENEY, PAUL L.		2.2 NAME	Dennis E. Robich	
STREET ADDRESS	3 FAIR OAKS AVE		2.3 STREET ADDRESS	2975 Westchester Ave., Suite G-1	
CITY-ST-ZIP	NEWTON MA		2.4 CITY-ST-ZIP	Purchase NY 10577	
TITLE	VP	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	WEISENFLUH, F. A		3.2 NAME	James N. Bailey	
STREET ADDRESS	RICE ISLAND		3.3 STREET ADDRESS	2975 Westchester Ave., Suite G-1	
CITY-ST-ZIP	COHASSET MA		3.4 CITY-ST-ZIP	Purchase NY 10577	
TITLE	D	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	BROWN, RICHARD A.		4.2 NAME	Eric F. Gottheim	
STREET ADDRESS	4 PARTRIDGE ST		4.3 STREET ADDRESS	2975 Westchester Ave., Suite G-1	
CITY-ST-ZIP	MEDWAY MA		4.4 CITY-ST-ZIP	Purchase NY 10577	
TITLE	D	☒ DELETE	5.1 TITLE	VSD	☐ Change ☒ Addition
NAME	MOLONEY, THOMAS E.		5.2 NAME	Jane Dickson	
STREET ADDRESS	464 MARSHALL ST		5.3 STREET ADDRESS	2975 Westchester Ave., Suite G-1	
CITY-ST-ZIP	HOLLISTON MA		5.4 CITY-ST-ZIP	Purchase NY 10577	
TITLE	VD	~~DELETE~~ X Addition	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	Howard V. Alley		6.2 NAME	Peter J. Graham	
STREET ADDRESS	2975 Westchester Ave., Suite G-1		6.3 STREET ADDRESS	2975 Westchester Ave., Suite G-1	
CITY-ST-ZIP	Purchase NY 10577		6.4 CITY-ST-ZIP	Purchase NY 10577	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles A. Bryan SIGNED 914/694-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000466