**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

# FILED
# Mar 29, 1999 8:00 am
# Secretary of State

03-29-1999 90019 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
*Secretary of State*
DIVISION OF CORPORATIONS

DOCUMENT # **P03009**

1. Corporation Name
RESPONSE INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 2975 WESTCHESTER AVE<br>G-1<br>PURCHASE NY 10577<br>US | P O BOX 129122<br>BOSTON MA 02112-9122<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/13/1984

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 4 Gannett Drive | 26 4 Gannett Drive |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 White Plains, NY | 28 White Plains, NY |
| 24 Zip 10604 25 Country USA | 29 Zip 10604 30 Country USA |

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| FLORIDA INSURANCE COMMISSIONER<br>THE CAPITOL BUILDING<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 | PTD | ☒ DELETE | 1.1 TITLE | PD | ☐ Change ☒ Addition |
| NAME | BRYAN, CHARLES A | | 1.2 NAME | Mory Katz | |
| STREET ADDRESS | 4 GANNETT DR | | 1.3 STREET ADDRESS | 4 Gannett Drive | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | | 1.4 CITY-ST-ZIP | White Plains, NY 10604 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ROBICH, DENNIS E | | 2.2 NAME | | |
| STREET ADDRESS | 2975 WESTCHESTER AVE,SUITE G-1 | | 2.3 STREET ADDRESS | 4 Gannett Drive | |
| CITY-ST-ZIP | PURCHASE NY | | 2.4 CITY-ST-ZIP | White Plains, NY 10604 | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | RANDALL, STEPHEN E | | 3.2 NAME | | |
| STREET ADDRESS | 4 GANNETT DR | | 3.3 STREET ADDRESS | 4 Gannett Drive | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | | 3.4 CITY-ST-ZIP | White Plains, NY 10604 | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GOTTHEIM, ERIC F | | 4.2 NAME | | |
| STREET ADDRESS | 2975 WESTCHESTER AVE,SUITE G-1 | | 4.3 STREET ADDRESS | 4 Gannett Drive | |
| CITY-ST-ZIP | PURCHASE NY | | 4.4 CITY-ST-ZIP | White Plains, NY 10604 | |
| TITLE | VSD | ☒ DELETE | 5.1 TITLE | VSD | ☐ Change ☒ Addition |
| NAME | ARTHUR, JANE | | 5.2 NAME | August P. Alegi | |
| STREET ADDRESS | 2975 WESTCHESTER AVE,SUITE G-1 | | 5.3 STREET ADDRESS | 4 Gannett Drive | |
| CITY-ST-ZIP | PURCHASE NY | | 5.4 CITY-ST-ZIP | White Plains, NY 10604 | |
| TITLE | VD | ☐ DELETE | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | GRAHAM, PETER J | | 6.2 NAME | | |
| STREET ADDRESS | 2975 WESTCHESTER AVE,SUITE G-1 | | 6.3 STREET ADDRESS | 4 Gannett Drive | |
| CITY-ST-ZIP | PURCHASE NY | | 6.4 CITY-ST-ZIP | White Plains, NY 10604 | |

14. I 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Secretary 914-640-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT TO DOCUMENT #P03009

DOC-P03009
267768-90019-1

13. Continued

ADDITION

Title: VTD
Name: Charles C. Baldwin
Address: 4 Gannett Drive
White Plains, NY 10604