2001 UNIFORM BUSINESS REPORT (UBR)

0132242 AT

DOCUMENT # P03009

1. Entity Name

RESPONSE INSURANCE COMPANY

FILED
01 OCT 17 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4 GANNETT DRIVE WHITE PLAINS NY 10604 US	4 GANNETT DRIVE WHITE PLAINS NY 10604 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Zip Code

REINSTATEMENT 2001 EL

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KATZ, MORY 4 GANNETT DR WHITE PLAINS NY 10604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Treasurer, Director George Kowalsky 4 Gannett Drive White Plains, New York 10604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBICH, DENNIS E 4 GANNETT DRIVE WHITE PLAINS NY 10604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director Kathleen A. Gleeson 4 Gannett Drive White Plains, New York 10604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROCCHIO, THOMAS E 4 GANNETT DR WHITE PLAINS NY 10604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director Donald R. Moser 4 Gannett Drive, White Plains, New York 10604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ALEGI, AUGUST P 4 GANNETT DRIVE WHITE PLAINS NY 10604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director Clifford Wess 4 Gannett Drive White Plains, New York 10604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD QUIDO, FRANCIS M 4 GANNETT DR WHITE PLAINS NY 10604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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****750.00 ****750.00

CR2E034 (5/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 10/16/01 914-640-6503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #