2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03009

Mar 15, 2011 Secretary of State

Entity Name: RESPONSE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

ONE EAST WACKER DR CHICAGO, IL 60601 US

Current Mailing Address: New Mailing Address:

12926 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 US

FEI Number: 04-2794993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 BRUNS, TIMOTHY D

 Address:
 5600 BRAINERD RD STE 1A

 City-St-Zip:
 CHATTANOOGA, TN 37411 US

Title: VT

Name: ALCAZAR, GREGORY G Address: ONE EAST WACKER DR City-St-Zip: CHICAGO, IL 60601 US

Title: S

Name: O'HARA, MARGARET L Address: ONE EAST WACKER DR City-St-Zip: CHICAGO, IL 60601 US

Title: SVP

Name: ELKINS, DAVID M
Address: ONE EAST WACKER DR
City-St-Zip: CHICAGO, IL 60601 US

Title: [

Name: SCHULTE, JAMES A

Address: 12926 GRAN BAY PARKWAY WEST City-St-Zip: JACKSONVILLE, FL 32258 US

Title: AT

Name: ROBERTS, CLARK H

Address: 12926 GRAN BAY PARKWAY WEST City-St-Zip: JACKSONVILLE, FL 32258 US

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: CLARK ROBERTS AT 03/15/2011

FILED