2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 14 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100020257721
05/29/03--01078--006 **550.00

DOCUMENT # P03009

1. Entity Name
RESPONSE INSURANCE COMPANY

☒ CHECK HERE IF MAKING CHANGES

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
500 South Broad Street	500 South Broad Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Meriden, CT	City & State: Meriden, CT
Zip: 06450 Country: USA	Zip: 06450 Country: USA

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. 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	Chairman & CEO, Director Mory Katz 500 South Broad Street Meriden, CT 06450	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD KOWALSKY, GEORGE 4 GANNETT DRIVE WHITE PLAINS, NY 10604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Treas., Director George Kowalsky 500 South Broad Street Meriden, CT 06450	☒ 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 Danny A. Collins 500 South Broad Street Meriden, CT 06450	☒ 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	V.P., Secretary, Director August P. Alegi 500 South Broad Street Meriden, CT 06450	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD QUIDO, FRANCIS M ~~4 GANNETT DR~~ 500 South Broad Street ~~WHITE PLAINS, NY 10604~~ Meriden, CT 06450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director John J. Javaruski 500 South Broad Street Meriden, CT 06450	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GLEESON, KATHLEEN A 4 GANNETT DR. WHITE PLAINS, NY 10604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director Gleeson, Kathleen a. 500 South Broad Street Meriden, CT 06450	☒ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ August P. Alegi May 12, 2003 203-634-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXAMINER

5/21