2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2014
Secretary of State
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Entity Name: RESPONSE INSURANCE COMPANY

Current Principal Place of Business:

ONE EAST WACKER DR
SUITE 1500
CHICAGO, IL 60601

Current Mailing Address:

12926 GRAN BAY PARKWAY WEST
JACKSONVILLE, FL 32258 US

FEI Number: 04-2794993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title	PRESIDENT, SECRETARY
Name	LUPETINI, ELIZABETH C
Address	ONE EAST WACKER DR SUITE 1500
City-State-Zip:	CHICAGO IL 60601

Title	AVP, TREASURER
Name	COLES, JOHN R
Address	ONE EAST WACKER DR SUITE 1500
City-State-Zip:	CHICAGO IL 60601

Title	CHAIRMAN
Name	LYNCH, DENISE I
Address	ONE EAST WACKER DR SUITE 1500
City-State-Zip:	CHICAGO IL 60601

Title	AT
Name	ROBERTS, CLARK H
Address	12926 GRAN BAY PARKWAY WEST
City-State-Zip:	JACKSONVILLE FL 32258

Title	D
Name	DELFINO, BRIAN J
Address	ONE EAST WACKER DR SUITE 1500
City-State-Zip:	CHICAGO IL 60601

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 H ROBERTS AT 03/21/2014

Electronic Signature of Signing Officer/Director Detail — Date