## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03009

**Entity Name: RESPONSE INSURANCE COMPANY** 

**Current Principal Place of Business:** 

200 EAST RANDOLPH STREET

**SUITE 3300** 

CHICAGO, IL 60601

**Current Mailing Address:** 

200 EAST RANDOLPH STREET

**SUITE 3300** 

CHICAGO, IL 60601 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:

City-State-Zip:

City-State-Zip:

City-State-Zip:

Name

Electronic Signature of Registered Agent

Date

**FILED** Apr 09, 2024

**Secretary of State** 

4860197463CC

Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR

Name BOSCHELLI, JOHN M. Name MINDAK, MAXWELL T.

Address 200 EAST RANDOLPH STREET Address 200 EAST RANDOLPH STREET

**SUITE 3300 SUITE 3300** 

CHICAGO IL 60601 CHICAGO IL 60601 City-State-Zip:

Title **DIRECTOR** CHAIRMAN OF THE BOARD & Title

> **PRESIDENT** OTIS, ROBERT F.

OTIS, ROBERT F. Name 200 EAST RANDOLPH STREET Address

200 EAST RANDOLPH STREET Address **SUITE 3300** 

**SUITE 3300** 

CHICAGO IL 60601 CHICAGO IL 60601 City-State-Zip:

Title VΡ

**DIRECTOR** BOSCHELLI, JOHN M. Name

ALEXANDER, JAMES A. Name 200 EAST RANDOLPH STREET Address

Address 200 EAST RANDOLPH STREET **SUITE 3300 SUITE 3300** 

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601

Title VICE PRESIDENT & SECRETARY Title DIRECTOR

Name DELL ISOLA, CHRISTOPHER D. MARINACCIO, MICHAEL A. Name

200 EAST RANDOLPH STREET Address 200 EAST RANDOLPH STREET Address **SUITE 3300** 

**SUITE 3300** CHICAGO IL 60601

City-State-Zip: CHICAGO IL 60601

Title

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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.

**VICE PRESIDENT &** 04/09/2024 SIGNATURE: CHRISTOPHER D. DELL ISOLA **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title TREASURER

Name ERICKSON, RYAN E.

Address 200 EAST RANDOLPH STREET

SUITE 3300

City-State-Zip: CHICAGO IL 60601