

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03009

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 BOSCHELLI, JOHN M
Address ONE EAST WACKER DR
 SUITE 1500
City-State-Zip: CHICAGO IL 60601

Title CHAIRMAN
Name BOSCHELLI, JOHN M
Address ONE EAST WACKER DR
 SUITE 1500
City-State-Zip: CHICAGO IL 60601

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

Title VP
Name PETERSON , TROY M
Address ONE EAST WACKER DRIVE
 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

VP& TREASURER

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date