

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03009

Entity Name: RESPONSE INSURANCE COMPANY**Current Principal Place of Business:**200 EAST RANDOLPH ST
SUITE 3300
CHICAGO, IL 60601**Current Mailing Address:**200 EAST RANDOLPH ST
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	OTIS, , ROBERT F.
Address	200 EAST RANDOLPH ST SUITE 3300
City-State-Zip:	CHICAGO IL 60601

Title	PRESIDENT, DIRECTOR
Name	OTIS, ROBERT F
Address	200 EAST RANDOLPH ST SUITE 3300
City-State-Zip:	CHICAGO IL 60601

Title	VP
Name	MCGILL, TROY J.
Address	200 EAST RANDOLPH ST SUITE 3300
City-State-Zip:	CHICAGO IL 60601

Title	VP
Name	KOHLER, THOMAS L
Address	200 EAST RANDOLPH ST SUITE 3300
City-State-Zip:	CHICAGO IL 60601

Title	SECRETARY, VP
Name	DELL ISOLA, CHRISTOPHER D.
Address	200 EAST RANDOLPH ST SUITE 3300
City-State-Zip:	CHICAGO IL 60601

Title	TREASURER
Name	BETZ, EUGENE
Address	200 EAST RANDOLPH STREET SUITE 3300
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: BETZ, EUGENE**TREASURER****03/15/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date