

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **814854** (6)

1. Corporation Name

**SELECT INSURANCE COMPANY**



Principal Place of Business	Mailing Address
<b>4600 FULLER DR (IRVING, TX 75038) P.O. BOX 1771 DALLAS TX 75221-1771</b>	<b>4600 FULLER DR (IRVING, TX 75038) P.O. BOX 1771 DALLAS TX 75221-1771</b>

3. Date Incorporated or Qualified <b>11/09/1960</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>75-6013697</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (applicable) \_\_\_\_\_  
DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FADDEN, JEROME T.</b>	1.2 NAME	
STREET ADDRESS	<b>65 E. 55TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MESSICK, BILL W</b>	2.2 NAME	
STREET ADDRESS	<b>4600 FULLER DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECARLO, DONALD T</b>	3.2 NAME	
STREET ADDRESS	<b>388 GREENWICH STREET, 21ST FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY. 10013-2396</b>	3.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, CHRISTOPHER ER</b>	4.2 NAME	
STREET ADDRESS	<b>388 GREENWICH STREET, 21ST FLOOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10013-2396</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYERS, OSCAR LEE</b>	5.2 NAME	
STREET ADDRESS	<b>4600 FULLER DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX 75038</b>	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZACHARY, WAYNE REED JR.</b>	6.2 NAME	
STREET ADDRESS	<b>4600 FULLER DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wayne R. Zachary Jr.* **WAYNE R. ZACHARY, JR.** Date: **4/16/96** Docket Prefix: **214-650-2891**

CR2E034 (12/95)