

515-97 B-7260 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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
4800 FULLER DR (IRVING, TX 75038)
P.O. BOX 1771
DALLAS TX 75221-1771

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified **11/09/1960** 3a. Date of Last Report **04/23/1996**
 4. FEI Number **75-6013697** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FADDEN, JEROME T.	1.2 NAME	BANTIS, SPIRO K.
STREET ADDRESS	65 E. 55TH ST.	1.3 STREET ADDRESS	388 GREENWICH ST. 21ST FLOOR
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NY NY
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Sr. VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSICK, BILL W	2.2 NAME	
STREET ADDRESS	4800 FULLER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARLO, DONALD T	3.2 NAME	
STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY. 10013-2396	3.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, CHRISTOPHER ER	4.2 NAME	
STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10013-2396	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, OSCAR LEE	5.2 NAME	ZIEGLER, KENT W.
STREET ADDRESS	4600 FULLER DR.	5.3 STREET ADDRESS	388 Greenwich St. 21st Floor
CITY-ST-ZIP	IRVING TX 75038	5.4 CITY-ST-ZIP	NY NY
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHARY, WAYNE REED JR.	6.2 NAME	
STREET ADDRESS	4600 FULLER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.** 4/24/97 10721570 0000

CR2E034 (9/96)