

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90101 017 \*\*\*150.00

05-24-95

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 814854**

1. Corporation Name  
**SELECT INSURANCE COMPANY**



Principal Place of Business: 4600 FULLER DR (IRVING, TX 75038)  
 P.O. BOX 1771  
 DALLAS TX 75221-1771

Mailing Address: 4600 FULLER DR (IRVING, TX 75038)  
 P.O. BOX 1771  
 DALLAS TX 75221-1771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 City & State 23  
 Zip 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27  
 City & State 28  
 Zip 29 Country 30

3. Date Incorporated or Qualified  
**11/09/1960**

4. FEI Number  
**75-6013697**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BLDG  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	BANTIS, SPIRO K	1.2 NAME	
STREET ADDRESS	388 GREENWICH ST 21ST FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	SRVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSICK, BILL W	2.2 NAME	Michael A. Harris
STREET ADDRESS	4600 FULLER DR.	2.3 STREET ADDRESS	4600 Fuller Drive
CITY-ST-ZIP	IRVING TX	2.4 CITY-ST-ZIP	Irving, Texas 75038
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 type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, KENT W	5.2 NAME	
STREET ADDRESS	388 GREENWICH ST 21ST FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Sharon Sealster* **REQUIRED** ASST. Controller 4/23/99 (972) 650-2800  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)