

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90362 042 \*\*\*150.00

0569223

**DOCUMENT # 814854**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-6013697**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER**  
**CAPITOL BLDG**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **BANTIS, SPIRO K**  
 STREET ADDRESS **388 GREENWICH ST 21ST FL**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE **Exec.VP, Secretary & General**  Change  Addition  
 NAME **Counsel**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **HARRIS, MICHAEL A**  
 STREET ADDRESS **4600 FULLER DR.**  
 CITY-ST-ZIP **IRVING TX 75038**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VSD**  Delete  
 NAME **DECARLO, DONALD T**  
 STREET ADDRESS **388 GREENWICH STREET, 21ST FLOOR**  
 CITY-ST-ZIP **NEW YORK, NY. 10013-2396**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PCEO**  Delete  
 NAME **WATSON, CHRISTOPHER ER**  
 STREET ADDRESS **388 GREENWICH STREET, 21ST FLOOR**  
 CITY-ST-ZIP **NEW YORK NY 10013-2396**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **ZIEGLER, KENT W**  
 STREET ADDRESS **388 GREENWICH ST 21ST FL**  
 CITY-ST-ZIP **NY NY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AT**  Delete  
 NAME **ZACHARY, WAYNE REED JR.**  
 STREET ADDRESS **4600 FULLER DR.**  
 CITY-ST-ZIP **IRVING TX**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Seabolt SHARON SEABOLT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 972-650-2800  
 Date Daytime Phone #

CR2E034 (10/00)