

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90095 015 ***150.00

0817250 AT

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-6013697		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent			
				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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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	VSGC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANTIS, SPIRO K			NAME			
STREET ADDRESS	388 GREENWICH ST 21ST FL			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, MICHAEL A			NAME			
STREET ADDRESS	4600 FULLER DR.			STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75038			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DECARLO, DONALD T			NAME			
STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY. 10013-2396			CITY-ST-ZIP			
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, CHRISTOPHER ER			NAME			
STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10013-2396			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZIEGLER, KENT W			NAME			
STREET ADDRESS	388 GREENWICH ST 21ST FL			STREET ADDRESS			
CITY-ST-ZIP	NY NY			CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZACHARY, WAYNE REED JR.			NAME			
STREET ADDRESS	4600 FULLER DR.			STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			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

Date: 4/24/02
Date

972-650-2800
Daytime Phone #

CR2E034 (9/01)