

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 NOV 16 PM 12:07

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 814854
1. Corporation Name

SELECT INSURANCE COMPANY

2. Principal Office Address - No P.O. Box # 1301 EAST COLLINS BOULEVARD		3. Mailing Office Address 1301 EAST COLLINS BOULEVARD	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State RICHARDSON, TX		City & State RICHARDSON, TX	
Zip 75081	Country USA	Zip 75081	Country USA

4. Date Incorporated or Qualified To Do Business in Florida
11/09/1960

5. FEI Number
75-6013897 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

100397834761

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name
CHIEF FINANCIAL OFFICER

Street Address (P.O. Box Number is Not Acceptable)
200 E. GAINES STREET

Suits, Apt. #, etc.

City
TALLAHASSEE

State
FL

Zip Code
32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Not Required _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		
			NOV 16 2022
			R. HUNT

10. E-mail Address: klgilber@travelers.com and cphilope@travelers.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Wendy C. Skjerven Wendy C. Skjerven 11-16-22 651-310-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Phone #

Select Insurance Company

Role	Name	Title	Address
D	Farber, Andrew J.	Director	One Tower Square, Hartford, CT 06183
D	Frey, Daniel S.	Director	One Tower Square, Hartford, CT 06183
D	Heyman, William Herbert	Director	485 Lexington Avenue, New York, NY 10017
D	Kalla, Christine K.	Director	385 Washington Street, St. Paul, MN 55102
D	Klein, Michael F.	Director	One Tower Square, Hartford, CT 06186
T	Russell, Douglas K.	Treasurer	One Tower Square, Hartford, CT 06186
D/P	Seminara, Nicholas	Director and President	One Tower Square, Hartford, CT 06187
S	Skjerven, Wendy C.	Corporate Secretary	385 Washington Street, St. Paul, MN 55102
D	Toczydlowski, Gregory C.	Director	One Tower Square, Hartford, CT 06189

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 080621 4328999
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 750.00

ORDER DATE : October 26, 2022
ORDER TIME : 12:37 PM
ORDER NO. : 080621-030
CUSTOMER NO: 4328999

REINSTATEMENT

NAME: SELECT INSURANCE COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Haeselin

NOV 16 2022

R. HUNT

EXAMINER'S INITIALS _____

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