F12000003937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

09/26/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SEGAL SELECT INSURANCE SERVICES, INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANGIE BEGAZO
Name of Person

SEGAL SELECT INSURANCE SERVICES, INC
Firm/Company

333 WEST 34TH STREET
Address

NEW YORK, NY 10001
City/State and Zip code

abegazo@segalco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGIE BEGAZO at (212) 251-5421
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SEGAL SELECT INSURANCE SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE
(State or country under the law of which it is incorporated)

3. 46-0619194
(FEI number, if applicable)

4. JULY 18, 2012
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. N/A - NO BUSINESS IS CURRENTLY BEING TRANSACTED FOR THIS COMPANY
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 333 WEST 34TH STREET, NEW YORK, NY 10001
(Principal office address)

333 WEST 34TH STREET, NEW YORK, NY 10001
(Current mailing address)

8. Will provide insurance brokerage services for P&C insurance business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (Zip code)

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10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: _____
(Registered agent's signature) Kimberly B. Moret, as its agent

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: SEE ATTACHED

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. BRIAN SMITH

(Typed or printed name and capacity of person signing application)

FILED
15 SEP 25 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEGAL SELECT INSURANCE SERVICES, INC

Ownership: The Segal Group – 100% - Tax ID# 06-0839113

Officers	Residence Address	Sex	Business Address	Position
Joseph A. LoCicero	17 Grouse Lane Huntington, NY 11743	Male	333 West 34th Street, New York, NY 10001	President, CFO & Director
Howard Fluhr	433 East 56th Street, Apt. 11A New York, NY 10022	Male	333 West 34th Street, New York, NY 10001	Chairman & Director
Ricardo M. DiBartolo	53 Deer Hill Road Redding, CT 06896	Male	333 West 34th Street, New York, NY 10001	Treasurer
Margery Sinder-Friedman	3201 Rowland Place, N.W. Washington, DC 20008	Female	333 West 34th Street, New York, NY 10001	Secretary
Brian Smith	35 Prospect Park W, Apt 15E Brooklyn, NY 11215	Male	333 West 34th Street, New York, NY 10001	Chief Operating Officer

Board of Directors	Residence Address	Sex	Business Address	Position
Joseph A. LoCicero	17 Grouse Lane Huntington, NY 11743	Male	333 West 34th Street, New York, NY 10001	President, CFO & Director
Howard Fluhr	433 East 56th Street, Apt. 11A New York, NY 10022	Male	333 West 34th Street, New York, NY 10001	Chairman & Director
J. Tim Biddle	38 Mountain View Avenue San Rafael, CA 94901	Male	333 West 34th Street, New York, NY 10001	Vice Chairman & Director
David Blumenstein	656 W. Timber Branch Parkway Alexandria, VA 22302	Male	333 West 34th Street, New York, NY 10001	SVP & Director
John DeMairo	83 Ripplewater Avenue Massapequa, NY 11758	Male	333 West 34th Street, New York, NY 10001	SVP & Director
Ann D. Gineo	189 Krawski Drive South Windsor, CT	Female	333 West 34th Street, New York, NY 10001	SVP & Director
Andrew D. Sherman	519 Harrison Avenue, Apt. D615 Boston, MA 02118	Male	333 West 34th Street, New York, NY 10001	SVP & Director
John Flynn	48 Farmstead Lane West Simsbury, CT 06092	Male	333 West 34th Street, New York, NY 10001	SVP & Director
Myrna Hellerman	2408 Saranac Lane Glenview, IL 60026	Female	333 West 34th Street, New York, NY 10001	SVP & Director

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TALLAHASSEE, FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEGAL SELECT INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEGAL SELECT INSURANCE SERVICES, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock, Secretary of State

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AUTHENTICATION: 9856964

DATE: 09-19-12

You may verify this certificate online at corp.delaware.gov/authver.shtml