

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000064314

**Entity Name:** TOWER HILL SELECT INSURANCE COMPANY**Current Principal Place of Business:**7201 N.W. 11TH PLACE  
GAINESVILLE, FL 32605**Current Mailing Address:**P.O. BOX 147018  
GAINESVILLE, FL 32614-7018 US**FEI Number:** 20-1078811**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, DIRECTOR, CHAIRMAN  
Name SHIVELY, WILLIAM J  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title DIRECTOR  
Name KING, GREGORY G  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title COO, DIRECTOR  
Name MATZ, DONALD C JR  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title CFO, TREASURER  
Name BUSSEY, LANE III  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title DIRECTOR  
Name SMITH, JAMES N  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title SECRETARY, CCO  
Name ROWE, SCOTT P  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title CHIEF UNDERWRITING OFFICER  
Name ALLNUTT, STEPHEN E  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title DIRECTOR  
Name BILLINGS, SCOTT K  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM SHIVELY

CEO

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                           |
|-----------------|---------------------------|
| Title           | DIRECTOR                  |
| Name            | DAWAHARE, STEPHEN         |
| Address         | P.O. BOX 147018           |
| City-State-Zip: | GAINESVILLE FL 32614-7018 |