

2013 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:**7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605**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	DCEO
Name	SHIVELY, WILLIAM J
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	P
Name	MATZ, DONALD CJR
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DVPS
Name	CURRAN, JOEL P
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DVPT
Name	BENSON, KEYTON
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	CFO
Name	BUSSEY, LANE III
Address	7201 N.W. 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	KING, GREGORY G
Address	7201 NW 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

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: DONALD C. MATZ, JR.**PRESIDENT****02/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date