

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003937

**Entity Name:** SEGAL SELECT INSURANCE SERVICES, INC.**Current Principal Place of Business:**333 WEST 34TH STREET  
NEW YORK, NY 10001**Current Mailing Address:**333 WEST 34TH STREET  
NEW YORK, NY 10001**FEI Number:** 46-0619194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, CHAIRMAN  
Name LOCICERO, JOSEPH A.  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name GLEAVE, DIANE M.  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name DEMAIO, JOHN  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name CROTTY, SUSAN  
Address 550 WASHINGTON BOULEVARD  
SUITE 900  
City-State-Zip: CHICAGO IL 60661

Title SENIOR VICE PRESIDENT, CHIEF  
FINANCIAL OFFICER, TREASURER  
Name DIBARTOLO, RICARDO M.  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title SENIOR VICE PRESIDENT,  
SECRETARY  
Name SINDER FRIEDMAN, MARGERY  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title CHIEF OPERATING OFFICER  
Name MCNALLY, DIANE  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR, CHIEFEXECUTIVE  
OFFICER, PRESIDENT  
Name BLUMENSTEIN, DAVID  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

**Continues on page 2**

*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: MARGERY SINDER FRIEDMAN****SECRETARY****02/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SHERMAN, ANDREW  
Address 116 HUNTINGTON AVENUE  
8TH FLOOR  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name LERNER, STUART H.  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name KEILIN, EUGENE  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR  
Name GINGELL, JOHN  
Address 101 NORTH WACKER DRIVE  
SUITE 400  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name FLICK, EILEEN  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name LYNCH, J. ROBINSON  
Address 3333 QUALITY DRIVE  
City-State-Zip: RANCHO CORDOVA CA 95670