

2015 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 PRESIDENT, CEO, DIRECTOR
Name LOCICERO, JOSEPH A
Address 333 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title CFO, TREASURER
Name DIBARTOLO, RICARDO M.
Address 333 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title CHAIRMAN, DIRECTOR
Name FLUHR, HOWARD
Address 333 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

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

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

Title COO
Name SMITH, BRIAN
Address 333 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name FLYNN, JOHN
Address 30 WATERSIDE DRIVE
 SUITE 300
City-State-Zip: FARMINGTON CT 06032

Title DIRECTOR
Name BLUMENSTEIN, DAVID
Address 1920 N STREET, NW
 SUITE 400
City-State-Zip: WASHINGTON DC 20036

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 SIGNER FRIEDMAN**SECRETARY****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GINEO, ANN
Address 30 WATERSIDE DRIVE
SUITE 300
City-State-Zip: FARMINGTON CT 06032

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

Title DIRECTOR
Name BIDDLE, J. TIM
Address 120 MONTGOMERY STREET
SUITE 500
City-State-Zip: SAN FRANCISCO CA 94104