# 2021 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

#### 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

## **Officer/Director Detail :**

Officer/Director Detail.							
	Title	DIRECTOR, CHAIRMAN	Title	SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER, TREASURER			
	Name	LOCICERO, JOSEPH A.	Name	DIBARTOLO, RICARDO M.			
	Address	333 WEST 34TH STREET					
	City-State-Zip:	NEW YORK NY 10001	Address	333 WEST 34TH STREET			
			City-State-Zip:	NEW YORK NY 10001			
	Title	DIRECTOR	Title	SENIOR VICE PRESIDENT, SECRETARY			
	Name	KIRBY, MARY	nue				
	Address	333 WEST 34TH STREET	Name	GREENSPAN, STEVEN C.			
	City-State-Zip:	NEW YORK NY 10001	Address	333 WEST 34TH STREET			
			City-State-Zip:	NEW YORK NY 10001			
	Title	DIRECTOR					
	Name	DEMAIRO, JOHN	Title	DIRECTOR			
	Address	333 WEST 34TH STREET	Name	CROTTY, SUSAN			
	City-State-Zip:	NEW YORK NY 10001	Address	550 WASHINGTON BOULEVARD SUITE 900			
	Title	DIRECTOR, CHIEF EXECUTIVE OFFICER, PRESIDENT	City-State-Zip:	CHICAGO IL 60661			
	Name	BLUMENSTEIN, DAVID	Title	DIRECTOR			
	Address	333 WEST 34TH STREET	Name	SHERMAN, ANDREW			
	City-State-Zip:	NEW YORK NY 10001	Address	116 HUNTINGTON AVENUE 8TH FLOOR			
			City-State-Zip:	BOSTON MA 02116			

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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: STEVEN C. GREENSPAN

SECRETARY

04/03/2021 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 03, 2021 Secretary of State 8794573533CC

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	BENZ, JENNIFER	Name	LERNER, STUART H.
Address	275 9TH STREET	Address	333 WEST 34TH STREET
City-State-Zip:	SAN FRANCISCO CA 94103	City-State-Zip:	NEW YORK NY 10001

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