

**2020 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 DEMAIRO, JOHN  
Address 333 WEST 34TH STREET  
City-State-Zip: NEW YORK NY 10001

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

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

**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: KIMBERLY BANKS MACKAY****SECRETARY****02/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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