

**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

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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: 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