2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State DOCUMENT # 847767 1. Entity Name 05-22-2002 90168 039 ***150 00 SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST Mailing Address Principal Place of Business 40 WANTAGE AVE ATT: LEGAL DEPARTMENT 401104 **BRANCHVILLE NJ 07890** 40 WANTAGE AVENUE BRANCHVILLE NJ 07890 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 56-1285899 Not Applicable Zip Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32301 Zip Code City FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 119 Change ☐ Addition Delete TITLE TITLE CEOD NAME NAME MURPHY, GREGORY E STREET ADDRESS STREET ADDRESS **40 WANTAGE AVENUE** CITY-ST-7IP CITY-ST-ZIP **BRANCHVILLE NJ 07890** ☐ Addition ☐ Change Detete TITLE NAME NAME LAND, THORNTON R STREET ADDRESS STREET ADDRESS 78 ONDERDONK ROAD CITY-ST-ZIP CITY-ST-ZIP WARWICK NY President & Chief Operating Change_ Delete TITLE TITLE Officer - Ronald C. Leibel NAME NAME ALLONIER, JAMES M STREET ADDRESS STREET ADDRESS 6005 MOSS CREEK COURT 10829 Congressional Club Drive CITY-ST-ZIP CITY-ST-ZIP MIDLOTHIAN VA Charlotte, NC 28277 ☐ Change ☐ Addition ☐ Delete TITI F TITLE **VP** NAME NAME OCHILTRÉE, III J STREET ADDRESS STREET ADDRESS 21 LAMBERT DRIVE CITY-ST-ZIP CITY-ST-7IP SPARTA NJ ☐ Change ☐ Addition ☐ Defete TITLE TITLE **AVCS** NAME NAME SCHUMACHER, MICHELE N STREET ADDRESS STREET ADDRESS **40 WANTAGE AVE** CITY-ST-ZIP CITY-ST-ZIP **BRANCHVILLE NJ 07890** ₹7 Addition TITLE ☐ Delete TITLE Treasurer & Chief Financial ☐ Change Officer - Dale A. Thatcher NAME NAME STREET ADDRESS 40 Wantage Avenue STREET ADDRESS CITY-ST-ZIP Branchville, NJ 07890 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

5/1/02

973-948-1259

FILED

Daytime Phone #