2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# 847767

Entity Name: SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST

Current Principal Place of Business:

40 WANTAGE AVE
BRANCHVILLE, NJ 07890

New Principal Place of Business:

3420 TORINGDON WAY, SUITE 300
CHARLOTTE, NC 28277

Current Mailing Address:

ATT: LEGAL DEPARTMENT
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890 US

New Mailing Address:

FEI Number: 56-1285899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: MURPHY, GREGORY E
Address: 40 WANTAGE AVENUE
City-St-Zip: BRANCHVILLE, NJ 07890

Title: GC ( ) Delete
Name: BERNSTEIN, RICHARD W
Address: 40 WANTAGE AVENUE
City-St-Zip: BRANCHVILLE, NJ 07890

Title: PCOO ( ) Delete
Name: LEIBEL, RONALD C
Address: 10829 CONGRESSIONAL CLUB DR
City-St-Zip: CHARLOTTE, NC 28277

Title: VP ( ) Delete
Name: OCHILTREE, III J
Address: 21 LAMBERT DRIVE
City-St-Zip: SPARTA, NJ

Title: VPCS ( ) Delete
Name: SCHUMACHER, MICHELE N
Address: 40 WANTAGE AVE
City-St-Zip: BRANCHVILLE, NJ 07890

Title: TCFO ( ) Delete
Name: THATCHER, DALE A
Address: 40 WANTAGE AVE
City-St-Zip: BRANCHVILLE, NJ 07890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change ( ) Addition
Name: CONNELL, RICHARD F
Address: 80 CHEROKEE COURT
City-St-Zip: SPARTA, NJ 07871

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHELE N. SCHUMACHER VP&S 03/30/2004
Electronic Signature of Signing Officer or Director Date