SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003279 (7)

1. Corporation Name

SELECT INSURANCE ASSOCIATES, LTD. CORP.

Principal Place of Business	Mailing Address
455 NORTH CITYFRONT PLAZA DR., 14TH FLOOR CHICAGO IL 60611	455 NORTH CITYFRONT PLAZA DR., 14TH FLOOR CHICAGO IL 60611

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 01/30/1995
4. FEI Number: 36-3877540 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	D ☐ Change [X] Addition
NAME	BRANDT, JAMES R		1.2 NAME	BRANDT, JAMES R
STREET ADDRESS	455 N CITYFRONT PLAZA DR 14TH FLOOR		1.3 STREET ADDRESS	455 N. CITYFRONT PLAZA DR 14TH FLOOR
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	CHICAGO, IL
TITLE	TVD	[X] DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANDT, WILLIAM A		2.2 NAME	
STREET ADDRESS	455 N CITYFRONT PLAZA DR 14 TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, THOMAS C		3.2 NAME	
STREET ADDRESS	455 N CITYFRONT PLAZA DR 14TH FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	
TITLE	EVPD	☐ DELETE	4.1 TITLE	T ☐ Change [X] Addition
NAME	OBERMAN, JAMES M		4.2 NAME	OBERMAN, JAMES M
STREET ADDRESS	455 N CITYFRONT PLAZA DR 14TH FLOOR		4.3 STREET ADDRESS	455 N CITYFRONT PLAZA DR 14TH FLOOR
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	CHICAGO, IL
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] THOMAS C. MCCARTHY 5/13/95 312-755-5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #