PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # FOOO

SELECT INSURANCE ASSOCIATES, LTD. CORP.								
Principal Place of Business Mailing Address						(idditing the investment and arm arm		
455 NORTH CITYFRONT PLAZA DR., 14TH FLOOR 455 NORTH CITYFRONT PLAZA					TH FLOOR			
CHICAGO IL 60611 CHICAGO IL 60611						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						07/16/1993		j
2. Principal F	Place of Business	2a. Malling	Address		 	4. FEI Number	Apr	olied For
21		26				36-3877540		Applicable
Suite, Apt. #, etc. Suite, Apt. #,			pt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				o. Octavolio or States Section	Fee Rec	
City & Sta	te	City & S	State			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country Zip			Country		8. This corporation owes the current year I	ntangib⊬e v ∏Yes	No
24	25	29!		30		Personal Property Tax. 10. Name and Address of New Registered		
	P. Name and Address of Currer	t Registered Ag	ent	81	Name	Is. Native Sittl Medicare of Man Halling		
CT	CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptable)		-
PLANTATION FL 33324			83	-				
,			•				13-1-6	
				84	City	F	85 Zip C	ode
44 5	A delena of Callanders Offi	12 and 607 4508	Elocida Statutes	s the abov	e-named corr	poration submits this statement for the purpose	of changing its	registered
office or	registered agent, or both, in the State	of Florida Sucil	ananga was au	thorized by	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I a	But tamilian withward alogot April 12	rieka (10 sekinou	607.0505, Flori	da 2:sainie:	5. <i>E</i>			
SIGNATURE	Signature, typed or printed name of registered age	or suff total if accordable	(NOTE:	Rehistered Age	nt signatura require	nd when reinstating) DAYE	'}	
12.		D DIRECTORS	· · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	P	-	DELETE	1.1 TIME			Change	Addition
NAME	BRANDT, JAMES R			1.2 NAME				
STREET ADORESS	ASSET IN OUTSIDE DATE OF A STATE OF	14TH FLOOR		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			1.4 CITY-1	ST-ZIP			
TITLE	SV DELETE		2.1 TITLE			Change	Addition	
NAME	MCCARTHY, THOMAS C			2.2 NAME				1
STREET ADDRESS	455 N CITYFRONT PLAZA DR	14TH FLOOR		2.3 STREE	T ADDRESS]
CITY-ST-ZIP	CHICAGO IL			2.4 CITY-	ST-ZIP			TTI a delition
πηΕ	TVD		☐ DELETE	3.1 TTLE			Change	Addition
NAME	OBERMAN, JAMES M			3.2 NAME				
STREET ADDRESS	455 N CITYFRONT PLAZA DR	14TH FLOOR		3.3 STREE	TADORESS		- 	_
CITY-ST-ZIP	CHICAGO IL			3.4. C/TY-	ST-ZIP		Change	Addition
TITLE	D .		DELETE	4.1 TITLE			□ Cusude	C) (100000)
NAME	BRANDT, JAMES			4. 2 NAME			-	
STREET ADDRESS	1	14TH FLOOR		4.3 STREE	T ADDRESS			
CITY-ST-ZEP	CHICAGO IL			4.4 CITY-	ST-ZIP		Change	Addition
TITLE			☐ DELETE	5.1 TITLE				
NAME	ŀ			5.2 NAME				
STREET ADDRESS	s				ET ADDRESS			
CITY-ST-ZIP			☐ DELETE	5.4 CITY-S 6.1 TITLE		1	Change	Addition
TITLE	1			6.2 NAME	l l			_
NAME					ET ADDRESS			ļ
PARTY ANNOUGH	el .			g un oires	- 1 (603/144)			1

CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

Jun 08, 1999 8:00 am Secretary of State 06-08-1999 90013 026 ***550.00

CR2E034 (11/98)