

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064314

FILED
Apr 19, 2005
Secretary of State

Entity Name: TOWER HILL SELECT INSURANCE COMPANY

Current Principal Place of Business:

7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-1078811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINAJCIAL OFFICER
P.O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: D () Delete
Name: SHIVELY, WILLIAM J
Address: 608 SW 97TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: THOMASSON, PHILLIP M
Address: 3857 SW 93RD TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: MATZ, DONALD C JR
Address: 10357 SW 45TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: PALMQUIST, JONATHAN B
Address: 3419 SW 92RD WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: SHEEKEY, BRIAN T
Address: 8817 SW 61ST AVENUE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: PALMQUIST, JONATHON B
Address: 3419 SW 92RD WAY
City-St-Zip: GAINESVILLE, FL 32608

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: JONATHON B. PALMQUIST

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04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date