

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 10, 2010
Secretary of State**

DOCUMENT# P04000064314

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 FINANCIAL 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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: SHIVELY, WILLIAM J
Address: 608 SW 97TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

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

Title: DVPS
Name: CURRAN, JOEL P
Address: 4007 S.W. 93RD DR.
City-St-Zip: GAINESVILLE, FL 32608

Title: DVPT
Name: BENSON, KEYTON
Address: 5814 S.W. 89TH TERR
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: SMITH, JAMES N
Address: 555 5TH AVENUE NE, STE 443
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D
Name: KING, GREGORY G
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: DONALD C. MATZ, JR.

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03/10/2010

Electronic Signature of Signing Officer or Director

_____ Date