2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000085596

Entity Name: SELECT INSURANCE GROUP, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
697 N. SEMORAN BLVD G ORLANDO, FL 32807	

Current Mailing Address:	**New Mailing Address:**
4250 ALAFAYA TRL. 212-337 OVIEDO, FL 32765	

FEI Number: 26-3379537   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HEARSEY, KERRI 2961 WASSUM TRAIL CHULUOTA, FL 32766 US	

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:	P ( ) Delete
Name:	HEARSEY, KERRI L
Address:	2961 WASSUM TRAIL
City-St-Zip:	CHULUOTA, FL 32766

Title:	AS ( ) Delete
Name:	HEARSEY, ALYSSA M
Address:	2961 WASSUM TRAIL
City-St-Zip:	CHULUOTA, FL 32766

Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title:	D ( ) Change (X) Addition
Name:	VAZQUEZ, DONI A
Address:	3420 GREENWICH VILLAGE BLVD
City-St-Zip:	ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KERRI HEARSEY   P   12/18/2009

    Electronic Signature of Signing Officer or Director   Date