

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000046207

FILED
Apr 22, 2004
Secretary of State

Entity Name: FLORIDA SELECT INSURANCE COMPANY

Current Principal Place of Business:

1819 MAIN STREET
SUITE 700
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1819 MAIN STREET
SUITE 700
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-3390361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

PARSONS, STAN RA
1114 SANDRINGHAM
TALLAHASSEE, FL 32308 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: STAN PARSONS

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEFLER, WALTER M
Address: 1819 MAIN STREET SUITE 700
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: MCCULLOUGH, JOHN
Address: 3760 RIVER RUN DRIVE
City-St-Zip: BIRMINGHAM, AL 43360

Title: D () Delete
Name: NANCE, HOPSON
Address: 3760 RIVER RUN DRIVE
City-St-Zip: BIRMINGHAM, AL 43360

Title: T () Delete
Name: WIEDRICK, JENNIFER
Address: 1819 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: VS () Delete
Name: KROUSE, MITCHEL
Address: 1819 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: COTE, JOHN A
Address: 1819 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

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

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

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: JENNIFER WIEDRICK

T

04/22/2004

Electronic Signature of Signing Officer or Director

Date