


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State


09-08-2005 90069 039 ***150.00

DOCUMENT # P96000046207	
1. Entity Name FLORIDA SELECT INSURANCE COMPANY	

Principal Place of Business 1819 MAIN STREET SUITE 700 SARASOTA, FL 34236	Mailing Address 1819 MAIN STREET SUITE 700 SARASOTA, FL 34236
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

50065612



09062005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3390361	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEFLER, WALTER M 1819 MAIN STREET SUITE 700 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P W. Michael Lefler 1819 MAIN Street, Suite 1101 SARASOTA, Florida 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, JOHN 3760 RIVER RUN DRIVE BIRMINGHAM, AL 43360 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DAVID W. LACEFIELD 3760 River Run Drive Birmingham, ALABAMA 35242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCE, HOPSON 3760 RIVER RUN DRIVE BIRMINGHAM, AL 43360 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V C. David Emery 3760 River Run Drive Birmingham, ALABAMA 35242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIEDRICK, JENNIFER 1819 MAIN STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Fred H. Wright 3760 River Run Drive Birmingham, ALABAMA 35242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KROUSE, MITCHEL 1819 MAIN STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS D Arthur J. Gonzalez 3760 River Run Drive Birmingham, ALABAMA 35242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTE, JOHN A 1819 MAIN STREET SARASOTA, FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kerry W. Ford 1819 MAIN Street, Suite 1101 SARASOTA, Florida 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Fred H. Wright** 9/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

OFFICERS AND DIRECTORS
FLORIDA SELECT INSURANCE COMPANY

50065-612
#P9600046207

Officers

W. Michael Lefler
C. David Emery
Arthur J. Gonzales
Kerry W. Ford
Fred H. Wright

President
Senior Vice President and Chief Claims Officer
Senior Vice President, General Counsel and Secretary
Vice President, Operations
Treasurer

Directors

David W. Lacefield, Chairman
Arthur J. Gonzales
W. Michael Lefler
James R. Watje
Fred H. Wright