

F23000003391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

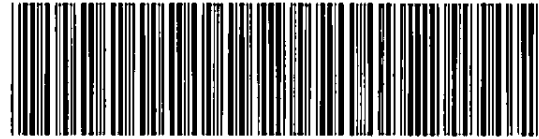
(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2023 JUN - 11 PM 3:28

VA

A-Jones

W23-77613

82



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: COASTAL SELECT INSURANCE COMPANY
Ref. Number: W23000077613

We have received your document for COASTAL SELECT INSURANCE COMPANY. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Underwriters of insurance, such as insurance companies, must list the Florida Chief Financial Officer as the registered agent.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 023A00012594

RECEIVED
2023 JUN -5 AM 11:22
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 781189 7508289
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 87.50

ORDER DATE : May 31, 2023
ORDER TIME : 2:33 PM
ORDER NO. : 781189-005
CUSTOMER NO: 7508289

FOREIGN FILINGS

NAME: COASTAL SELECT INSURANCE
COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Select Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jill Morrah

Name of Person

Coastal Select Insurance Company

Firm/Company

1455 Oliver Road

Address

Fairfield, CA 94534

City/State and Zip code

jmorrah@geovera.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Morrah

Name of Person

at (707)

Area Code

290-7785 or (707) 863-3709

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Coastal Select Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Coastal Select Insurance Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 943266086
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 31, 1996 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1455 Oliver Road, Fairfield, CA 94534
(Principal office street address)
- 1455 Oliver Road, Fairfield, CA 94534
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: State of Florida Chief Financial Officer

Office Address: 200 E. Gaines Street

Tallahassee, Florida 32399
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
2023 JUN -1 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Deepak Menon
☐ Vice Chairman Address: 1455 Oliver Road
☒ Director Fairfield, CA 94534
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other _____

☐ Chairman Name: Robert Hagedorn
☐ Vice Chairman Address: 1455 Oliver Road
☒ Director Fairfield, CA 94534
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other General Counsel ☐ Other _____


☐ Chairman Name: Vida Loya
☐ Vice Chairman Address: 1455 Oliver Road
☒ Director Fairfield, CA 94534
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Accounting Dir ☐ Other _____

☐ Chairman Name: Lori Gomez
☐ Vice Chairman Address: 1455 Oliver Road
☒ Director Fairfield, CA 94534
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jill Morrah
☐ Vice Chairman Address: 1455 Oliver Road
☐ Director Fairfield, CA 94534
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ Other _____

☐ Chairman Name: Brian Sheekey
☐ Vice Chairman Address: 1455 Oliver Road
☐ Director Fairfield, CA 94534
☐ President _____
☒ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Jill Morrah, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Continued from previous page

A. DIRECTORS

☐ Chairman Name: John Fomey
☐ Vice Chairman Address: 1455 Oliver Road
☐ Director Fairfield, CA 94534
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Nesrin Basoz
☐ Vice Chairman Address: 1455 Oliver Road
☐ Director Fairfield, CA 94534
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CUO ☐ Other _____



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	COASTAL SELECT INSURANCE COMPANY
Entity No.:	1996972
Registration Date:	12/31/1996
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 24, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 112066620

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.