F9990003284

| TO: | QUALIFICATION/TAX LIEN | SECTION |
|-----|-------------------------|---------|
| | DIVISION OF CORPORATION | INC |

SUBJECT: COASTAL INSURANCE ENTERPRISES, INC.
(Name of corporation - must include suffix)

SECRETARY OF STATE

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Should you need to call someone concerning this matter, please call:

William L. Green:
(Name of Person)

at (800) 451-3731

Area Code & Daytime Telephone Number

99-3284.
Name & 1/2

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 ter Cyer Cowledge ment

Birmingham Office

3800 Colonnade Parkway Suite 575 Birmingham, AL 35243 (205) 298-7776 1-800-451-3731 FAX: (205) 298-7784

COASTAL INSURANCE ENTERPRISES, INC.

Montgomery Office

5766 Carmichael Parkway P.O. Box 240429

Montgomery Alabama 36124-0429 (334) 271-5515 1-800-821-9605 FAX:(334):270-8314 \subseteq

June 21, 1999

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

RE: Request for Certificate of Status

To Whom It May Concern:

Coastal Insurance Enterprises, Inc. is filing with the Florida Department of Insurance the appropriate forms and related information in order to obtain a Certificate of Authority to transact business in the State of Florida. In order to complete our filing, we are submitting this request for a Certificate of Status from the Florida Secretary of State. Enclosed you will find the following information:

- Our check numbered #2365 payable to the Florida Department of State in the amount of \$52.50 to cover the cost of a certified copy of a Certificate of Status.
- Our check numbered #2364 payable to the Florida Department of State in the amount of \$70.00 to cover the registration fee.
- The original Transmittal Letter.
- The original Application By Foreign Corporation For Authorization To Transact Business In Florida with list of the Directors and Officers attached.
- The original certificate issued by the Alabama Secretary of State's office evidencing our corporate existence.

Enclosed you will find a Federal Express mailing envelope which has been prepared for mailing back to this writer. Please do not hesitate to contact me if you need additional information or clarification regarding this matter.

Sincerely,

William L. Green

Secretary

Enclosures

SECRETARY OF SIAIE

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 INSURANCE E | NTERPRISES, INC. | | . | | | |
|--|--|--------------------------------|-------------------------------|--|-------------|---|
| (Name of corporation: must inc abbreviations of like import in I or partnership if not so contain | clude the word "INCORPORA anguage as will clearly indica ed in the name at present.) | TED", "COMP to that it is a | PANY","CORP corporation in | ORATION" or words istead of a natural p | or erson | |
| ALABAMA (State or country under the law) | of which it is incorporated | 3. 63-103 | | | | |
| 4. September 14, 1990 (Date of Incorporation) | 5. Perpe | tual | mber, if applic | exist or "perpetual" | | |
| 6. Not Applicable (Date first transacted business in | n Florida. (See sections 607.1501, | | | exist or "perpetual" | | |
| 7. 5766 Carmichael Parl | way | | - | | <u></u> | |
| 8. Property and capualt | rent mailing address) | zing in | medical | | · -· -· -· | - |
| (Purpose(s) of corporation aut 9. Name and street address | | , | ried out in the | e state of Florida) | _1180111ty | • |
| | Insurance Commis | | | • | | |
| Office Address: | Capitol | | | | | |
| · | Tallahassee | | , Florida , | 32399-0300 | | |
| 10. Registered agent's acc | eptance: | | | (Zip Code) | | |
| Having been named as regist corporation at the place desiregistered agent and agree to of all statutes relative to the pwith and accept the obligation | ered agent and to accepignated in this application actin this capacity. I fu | irther agree | of my dutie | ne annointment | ໍລເ | |
| | Insurance Commiss | | | , | | |
| (Fi | egistered agent's signature) | | | | | - |

11. 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.

| | . • |
|---|-------------|
| 12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) | , , |
| A. DIRECTORS (Street address only-, P. O. Box NOT acceptable) | _ |
| Chairman: SEE ATTACHED LIST | |
| Address: | |
| Vice Chairman: | . 1 -4 |
| Address: | |
| | |
| Director: | |
| Address: | — |
| 17 17 | |
| Director: | • |
| Address: | •••• |
| T D O Boy NOT acceptable) | , . |
| B.OFFICERS(Street address only- P. O. Box NOT acceptable) | • |
| President: SEE ATTACHED LIST | - |
| Address | |
| io VIII II II II | |
| Vice President: """ | |
| Address: 20 | a a |
| 3 5 1 11 11 11 | - |
| Secretary: | • |
| Address: | |
| Treasurer: | |
| Address: | ĸ.= . |
| • • | ' - |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | <u> </u> |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | |
| 14. William L. Green. Secretary (Typed or printed name and capacity of person signing application) | |
| (Typed or printed name and Capacity of Porbon Digital) | |
| | |
| | |

Directors

Chairman

Mr. James W. Brown 324 Glenhaven Drive Alexander City, Alabama 35010

Vice Chairman

Larry D. Grimes, M.D. 371 Azalea Drive Gadsden, Alabama 35901

Director

Mr. Robert C. Chapman 913 Autumn Chase Drive Birmingham, Alabama 35206

Director

Mr. Michael D. DeBoer 9849 Wyncrest Circle Montgomery, Alabama 36117

Director

Mr. Bill A. Mason 14 Cora Slocomb Spanish Fort, Alabama 36527

Director

John D. Moorehouse, M.D. 2231 Old Pike Road Pike Road, Alabama 35064

Director

Mr. Richard H. Peck 2102 Hickory Hills Road Florence, Alabama 35630

Director

Mr. Robert L. Smith 2521 Circle Drive S.E. Decatur, Alabama 35603

<u>Director</u>

Louie C. Wilson, M.D. 7 Yester Place Mobile, Alabama 36608 FILED

99 JUN 22 PM 5: 00

STORETARY OF STATE
ANALYSIE FLOREA

Directors Cont.

Director

William T. Wright, M.D. 246 South McGregor Avenue Mobile, Alabama 36608

<u>Director Ex-Officio</u> Mr. John N. Bethay 819 Hillsboro Road Montgomery, Alabama 36109

Officers

President/CEO

John N. Bethay 819 Hillsboro Road Montgomery, Alabama 36109

Senior Vice President/COO

Randolph T. Gore 1013 Vista Circle Birmingham, Alabama 35216

Secretary

William L. Green 2520 Flagstone Circle Birmingham, Alabama 35226

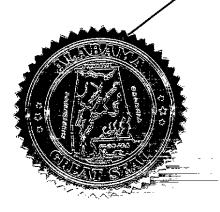
Treasurer

Christopher D. Baldwin 1937 Parkview Drive South Montgomery, Alabama 36117 SEPRETARY OF STATE

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Coastal Insurance Enterprises, Inc. incorporated in Montgomery County, Montgomery, Alabama on September 14, 1990. I further certify that the records do not disclose that said Coastal Insurance Enterprises, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

June 14, 1999

Date

Ji Bum

Jim Bennett

Secretary of State