

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013085

FILED
Apr 27, 2007
Secretary of State

Entity Name: CORAL INSURANCE COMPANY

Current Principal Place of Business:

4000 HOLLYWOOD BLVD.
SUITE 285 SOUTH
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4000 HOLLYWOOD BLVD.
SUITE 285 SOUTH
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 43-2037599 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 STREET
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARHAM, NORMAN
Address: 13782 MONACO WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D/P () Delete
Name: STRAKER VIRTUE, SUSAN J
Address: 2118 N.E. 15TH ST
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D () Delete
Name: LASALA, CHRISTINE
Address: 15 WEST 81ST STREET APT. 14CX
City-St-Zip: NEW YORK, FL 10024

Title: D () Delete
Name: MEYERS, BERNARD M
Address: 3699 TOULOUSE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D/V () Delete
Name: CARBINE, DAVID J
Address: 1040 SEMINOLE DR #1557
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VUC () Delete
Name: CARBINE, D. JAY
Address: 1040 SEMINOLE DR APT 1557
City-St-Zip: FT LAUDERDALE, FL 33304

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: D (X) Change () Addition
Name: MEYERS, ROBERT K
Address: 243 WHITE OAK SHADE ROAD
City-St-Zip: NEW CANAAN, CT 06840

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: DAVID MENKEDICK

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04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date