

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013085

FILED  
Jul 01, 2008  
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 ( )

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

## 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 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: TODD A. LINDQUIST

CFO

07/01/2008

Electronic Signature of Signing Officer or Director

Date