2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000013085

Entity Name: CORAL INSURANCE COMPANY

FILED Mar 05, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4000 HOLLYWOOD BLVD. 8240 NW 52 TERRACE

SUITE 285 SOUTH STE 102

HOLLYWOOD, FL 33021 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

4000 HOLLYWOOD BLVD. P.O. BOX 0817

SUITE 285 SOUTH MIAMI, FL 331520817 HOLLYWOOD, FL 33021

FEI Number: 43-2037599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES STREET TALLAHASSEE, FL 323990000 US

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: YAMI TORVISO-BENITEZ

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: DR

Name: DATES, HUGH

Address: 2020 CAPITAL CIRCLE S.E., STE 310

City-St-Zip: TALLAHASSEE, FL 32302

Title: DR

Name: JOHNSON, WAYNE

Address: 2020 CAPITAL CIRCLE S.E., STE 310

City-St-Zip: TALLAHASSEE, FL 32302

Title: DR

Name: TURPIN, PATTI

Address: 2020 CAPITAL CIRCLE S.E., STE 310

City-St-Zip: TALLAHASSEE, FL 32302

Title: DR

Name: SCHWANTES, MARY

Address: 2020 CAPITAL CIRCLE S.E., STE 310

City-St-Zip: TALLAHASSEE, FL 32302

Title: DR

Name: PUCKETT, ALLYSON

Address: 2020 CAPITAL CIRCLE S.E., STE 310

City-St-Zip: TALLAHASSEE, CT 06840

Title: DR

Name: ZACUR, SALMA

Address: 2020 CAPITAL CIRCLE S.E., STE 310

City-St-Zip: TALLAHASSEE, FL 32302

I hereby 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 all other like empowered.

SIGNATURE: HUGH DATES DR 03/05/2010