2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2020
Secretary of State
5890720424CC

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Entity Name: COAST NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

900 S PINE ISLAND ROAD
SUITE 600
PLANTATION, FL 33324

Current Mailing Address:

TAX DEPARTMENT
PO BOX 2450
GRAND RAPIDS, MI 49501 US

FEI Number: 33-0246701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP, TREASURER
Name	AGUILERA, MARIA E
Address	900 S. PINE ISLAND ROAD STE 600
City-State-Zip:	PLANTATION FL 33324

Title	PRESIDENT, DIRECTOR
Name	KAPPLER, ERIC E
Address	5990 W CREEK RD
City-State-Zip:	INDEPENDENCE OH 44131

Title	VP
Name	NOH, THOMAS S
Address	6301 OWENSMOUTH AVE
City-State-Zip:	WOODLAND HILLS CA 91367

Title	ASST. TREASURER
Name	PEPPER, JEFFREY L
Address	5600 BEECH TREE LANE
City-State-Zip:	CALEDONIA MI 49316

Title	S
Name	BROWN, MARTIN R
Address	5600 BEECH TREE LANE
City-State-Zip:	CALEDONIA MI 49316

Title	VP
Name	MC CARTHY, VICTORIA L
Address	6301 OWENSMOUTH AVE
City-State-Zip:	WOODLAND HILLS CA 91367

Title	VP, DIRECTOR
Name	WILLIAMS, TODD M
Address	640 CENTURY POINT
City-State-Zip:	LAKE MARY FL 32746

Title	DIRECTOR
Name	BROWN, THOMAS D
Address	2525 E EUCLID #214
City-State-Zip:	DES MOINES IA 50317

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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: JEFFREY L PEPPER ASST TREASURER 03/13/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	BAUR, MAITE I
Address	6301 OWENSMOUTH AVE
City-State-Zip:	WOODLAND HILLS CA 91367

Title	DIRECTOR
Name	WALLACE, OTTIE J
Address	WALLACE CASCADE TRANSPORT 9290 E HWY 140
City-State-Zip:	PLANADA CA 95365

Title	DIRECTOR
Name	RODRIGUEZ, DONALD E
Address	3635 LONG BEACH BLVD
City-State-Zip:	LONG BEACH CA 90807