

1.) CORPORATION NAME: <b>Coastal Equities Insurance Agency, Inc.</b>	DUE DATE: <b>6/30/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>VIRGINIA PROFESSIONAL SERVICES LLC          3850 GASKINS RD STE 120          RICHMOND, VA 23233</b>	SCC ID NO: <b>F1864885</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500
CLASS	AUTHORIZED				
COMMON	1,500				
4.) STATE OR COUNTRY OF INCORPORATION: <b>OH</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1201 N. Orange Street Suite 729  CITY/ST/ZIP: Wilmington, DE 19801	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL E DONNELLY TITLE: PRESIDENT ADDRESS: 1201 N ORANGE ST STE 729 CITY/ST/ZIP/CO: WILMINGTON, DE 19801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: MICHAEL A MUELLER TITLE: DIRECTOR ADDRESS: 602 MAIN ST STE 801 CITY/ST/ZIP/CO: CINCINNATI, OH 45202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL E DONNELLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL E DONNELLY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/31/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.