


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000093776		
1. Entity Name FLORIDA NATIONAL FLOOD INSURANCE COMPANY		

FILED
08 DEC -3 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8200 113TH STREET NORTH SUITE 201 SEMINOLE, FL 33772 US	Mailing Address 8200 113TH STREET NORTH SUITE 201 SEMINOLE, FL 33772 US
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2. Principal Place of Business - No P.O. Box # 8200-113th Street No.	3. Mailing Address 8200-113th Street No.
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Seminole, FL	City & State Seminole, FL
Zip 33772	Country USA

11212008 Chg-P CR2E034 (12/06)

4. FEI Number 02-0705697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NIESET, JAMES R 6740-D CROSSWINDS DRIVE NORTH ST. PETERSBURG, FL 33710	7. Name and Address of New Registered Agent Name Toni Scarr Street Address (P.O. Box Number is Not Acceptable) 8200-113th Street N. Suite 202 City Seminole FL Zip Code 33772
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Toni Scarr Toni Scarr 11-21-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS HARTSELLE, MAHION A 8200 113TH ST N, SUITE 201 SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Barry Scarr 8200-113th St. N, Suite 202 Seminole, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, SHARON 8200 113TH ST N., SUITE 201 SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Toni Scarr 8200 113th St. N. Suite 202 Seminole, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138414847 12/03/08--01038--021 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Toni Scarr VP Toni Scarr 11-21-08 727-393-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #