

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093776

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** FLORIDA NATIONAL FLOOD INSURANCE COMPANY

**Current Principal Place of Business:**

8200 113TH STREET NORTH  
SUITE 203  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

8200 113TH STREET NORTH  
SUITE 202  
SEMINOLE, FL 33772 US

**Current Mailing Address:**

8200 113TH STREET NORTH  
SUITE 203  
SEMINOLE, FL 33772 US

**New Mailing Address:**

8200 113TH STREET NORTH  
SUITE 202  
SEMINOLE, FL 33772 US

**FEI Number:** 02-0705697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCARR, TONI  
8200 113TH STREET NORTH  
SUITE 202  
SEMINOLE, FL 33772 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCARR, BARRY  
Address: 8200 113TH STREET NORTH, STE. 202  
City-St-Zip: SEMINOLE, FL 33772 US

Title: VP  
Name: SCARR, TONI  
Address: 8200 113TH ST N., SUITE 202  
City-St-Zip: SEMINOLE, FL 33772

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: TONI S SCARR

VP

04/10/2012

Electronic Signature of Signing Officer or Director

Date