2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P06000095499

Entity Name: AMERICAN INTEGRITY INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

4343 ANCHOR PLAZA PARKWAY
SUITE 220
TAMPA, FL 33634

Current Mailing Address:

204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Mailing Address:

4343 ANCHOR PLAZA PARKWAY
SUITE 220
TAMPA, FL 33634

FEI Number: 20-5239410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLARK, DAVID LEWIS
Address: 4505 HAMLIN
City-St-Zip: EVANSTON, IL

Title: D ( ) Delete
Name: SOWELL, JAMES EDWIN
Address: 7000 VASSAR
City-St-Zip: DALLAS, TX

Title: D ( ) Delete
Name: RITCHIE, ROBERT C
Address: 1818 MADISON ROAD
City-St-Zip: CINCINNATI, OH 45206

Title: D ( ) Delete
Name: MARTIN, KEITH DOUGLAS
Address: 4201 SAN CARLOS
City-St-Zip: DALLAS, TX

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RITCHIE, ROBERT CRAIG
Address: 1818 MADISON ROAD
City-St-Zip: CINCINNATI, OH 45206

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: SMATHERS, STEVEN EDWIN
Address: 4505 HAMLIN
City-St-Zip: EVANSTON, IL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT CRAIG RITCHIE CEO 04/23/2008

Electronic Signature of Signing Officer or Director — Date