

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004652

Entity Name: WRIGHT NATIONAL FLOOD INSURANCE COMPANY**Current Principal Place of Business:**801 94TH AVENUE NORTH
SUITE 110
ST PETERSBURG, FL 33702**Current Mailing Address:**801 94TH AVENUE NORTH
SUITE 110
ST PETERSBURG, FL 33702 US**FEI Number:** 81-0575473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST.
P.O.BOX 6200 32314-6200
TALLAHASSEE, FL 32399 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 ASSISTANT SECRETARY
Name LOTZ, DAVID B.
Address 220 S RIDGEWOOD AVE
City-State-Zip: DAYTONA BEACH FL 32114

Title SECRETARY, DIRECTOR
Name SLOANE, MICHAEL G
Address 801 94TH AVENUE NORTH
SUITE 110
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR
Name TEMPLETON-JONES, PATRICIA
Address 801 94TH AVENUE NORTH
SUITE 110
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR
Name SOTHEN, RICHARD M.
Address 220 S. RIDGEWOOD AVENUE
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER, DIRECTOR
Name MORGAN, MICHELE
Address 801 94TH AVENUE NORTH
SUITE 110
City-State-Zip: SAINT PETERSBURG FL 33702

Title PRESIDENT, DIRECTOR
Name CONOLLY, HENRY N
Address 801 94TH AVENUE NORTH
SUITE 110
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR
Name STOLL, VAUGHN
Address 220 S. RIDGEWOOD AVE.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name BROWN, BARRETT
Address 801 94TH AVENUE NORTH
SUITE 110
City-State-Zip: ST PETERSBURG FL 33702

Continues on page 2

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: DAVID B. LOTZ**ASSISTANT SECRETARY 04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------------------------|
| Title | DIRECTOR |
| Name | BOYD, STEVE |
| Address | 801 94TH AVENUE NORTH SUITE 110 |
| City-State-Zip: | ST PETERSBURG FL 33702 |