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BLACKROCK MUNIYIELD FLORIDA INSURED FUND Form 3 November 09, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and A<br>Person <u>*</u><br>KINDEL |                         |               | Statement<br>(Month/Day/Year)                                    | BLACKRC   | 3. Issuer Name and Ticker or Trading Symbol<br>BLACKROCK MUNIYIELD FLORIDA INSURED<br>FUND [MFT] |   |  |  |  |  |
|--|-------------------------|---------------|--|---|--|---|--|--|--|--|
| (Last)                                     | (First)                 | (Middle)      | 11/01/2007   | 4. Relationshi<br>Person(s) to Is   | p of Reporting   |   | 5. If Amendment, Date Original Filed(Month/Day/Year)   |  |  |  |
| 40 EAST 52                                 | ND STRE                 | ET            |  |   |  |   |  |  |  |  |
| (Street)<br>NEW YORK, NY 10022             |                         |               |  | (Check all applicable)  |  | 6. Individ                                  | <ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul> |  |  |  |
|  |                         |               |  |   |  |   |  |  |  |  |
| (City)                                     | (State)                 | (Zip)         | Table  | e I - Non-Derivat   | ive Securitie  | s Beneficiall                               | eneficially Owned  |  |  |  |
| 1.Title of Secu<br>(Instr. 4)              | rity                    |               |  | iount of Securities<br>icially Owned<br>4)  | Ownership  | 4. Nature of Ind<br>Ownership<br>(Instr. 5) | irect Beneficial   |  |  |  |
| Reminder: Repo<br>owned directly           | or indirectly.<br>Perso | ons who res   | ach class of securities b<br>pond to the collecti                | ion of  | EC 1473 (7-02)   |   |  |  |  |  |
|  | requi                   | red to respo  | ained in this form a<br>ond unless the form<br>MB control number | displays a  |  |   |  |  |  |  |
| г  | Table II - De           | rivative Secu | rities Beneficially Ow   | rned (e.g., puts, calls,  | warrants, opti   | ons, convertible                            | e securities)  |  |  |  |
| 1. Title of Deri<br>(Instr. 4)             | vative Securi           | Expi          | ration Date S<br>/Day/Year) I<br>(                               | B. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>Instr. 4) | 4.<br>Conversion<br>or Exercise<br>Price of<br>Derivative  | e Form of<br>Derivative                     | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5)  |  |  |  |

Date

Exercisable

Expiration Title

Date

Amount or

Number of

Shares

Security

Direct (D)

or Indirect

(I)

OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response ... 0.5

(Instr. 5)

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                         | Relationships |           |                          |       |  |
|---|---------------|-----------|--------------------------|-------|--|
|   | Director      | 10% Owner | Officer                  | Other |  |
| KINDELAN BRIAN P<br>40 EAST 52ND STREET<br>NEW YORK, NY 10022 | Â             | Â         | Chief Compliance Officer | Â     |  |
| Signatures  |               |           |                          |       |  |
| /s/ Vincent B. Tritto, as<br>Attorney-in-Fact                 | 11/01/2007    |           |                          |       |  |
| **Signature of Reporting Person                               |               | Date      |                          |       |  |
|   |               |           |                          |       |  |

## **Explanation of Responses:**

## No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.