

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021907

**FILED  
Aug 31, 2011  
Secretary of State**

**Entity Name:** INSIGHT SPECIALTY PROGRAMS, LLC

**Current Principal Place of Business:**

747 THIRD AVENUE  
30TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

747 THIRD AVENUE  
30TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

**FEI Number:** 26-4396372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NEAL, COREY T  
2236 CAPITAL CIRCLE NE  
204  
TALLAHASSEE, FL 32317 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** INSIGHT CATASTROPHE GROUP, LLC  
**Address:** 747 THIRD AVENUE, 30TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10017

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: COREY NEAL      VP      08/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date