2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 04, 2006
Secretary of State

DOCUMENT# L05000070301

Entity Name: INSIGHT CATASTROPHE SOLUTIONS, L.L.C.

Current Principal Place of Business:

305 S. GADSDEN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

305 S. GADSDEN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAHAM, WILLIAM B
305 S. GADSDEN STREET
TALLAHASSEE, FL 32301 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: WILLIAM B GRAHAM

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DI LORETO, ANDREW P
Address: 160 BELDEN HILL ROAD
City-St-Zip: WILTON, CT 06897

Title: MGR ( ) Delete
Name: MCLEAN, TERRENCE M
Address: 515 ANCHOR RODE DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANDREW P DI LORETO MGR 10/04/2006

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