

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070301

FILED
Feb 20, 2007
Secretary of State

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:

13073 TELECOM PARKWAY NORTH
TAMPA, FL 33637 US

Current Mailing Address:

747 THIRD AVENUE, 30TH FLOOR
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 20-3218716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

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: COREY NEAL

VP

02/20/2007

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