

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070301

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2236 CAPITAL CIRCLE NE  
204  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2236 CAPITAL CIRCLE NE  
204  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

PO BOX 13206  
TALLAHASSEE, FL 32317 US

**FEI Number:** 20-3218716

**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  
SUITE 204  
TALLAHASSEE, FL 32308 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

04/25/2011

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