

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114209

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** COASTAL RISK UNDERWRITERS LLC

**Current Principal Place of Business:**

13073 TELECOM PARKWAY NORTH  
TAMPA, FL 33637 US

**New Principal Place of Business:**

2236 CAPITAL CIRCLE NE  
204  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

13073 TELECOM PARKWAY NORTH  
TAMPA, FL 33637 US

**New Mailing Address:**

2236 CAPITAL CIRCLE NE  
204  
TALLAHASSEE, FL 32308 US

**FEI Number:** 20-3855926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEAL, COREY  
2236 C.C. NE 202  
TALLAHASSEE, FL 32308 US

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

NEAL, COREY  
2236 CAPITAL CIRCLE NE  
SUITE 204  
TALLAHASSEE, FL 32308 US

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: COREY NEAL

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: INSIGHT CATASTROPHE GROUP, LLC  
Address: 747 THIRD AVE 30TH  
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: TERRANCE MCLEAN

PRES

03/30/2010

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