

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110906

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** INSIGHT CATASTROPHE MANAGERS, LLC

**Current Principal Place of Business:**

747 3RD AVENUE  
30TH FLOOR  
NEW YORK, NY 10017 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13206  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 26-3794318

**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:**

NEAL, COREY T  
1425 PIEDMONT DR EAST  
SUITE 201-B  
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:

04/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: INSIGHT CATASTROPHE GROUP, LLC  
Address: 747 3RD AVENUE, 30TH FLOOR  
City-St-Zip: NEW YORK, NY 10017 US

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

04/04/2012

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