2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018446

1. Entity Name

ISAC NATIONAL CATASTROPHE CLAIMS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90115 043 ***150.00

Principal Place of Business	Mailing Address
9690 N.W. 41ST STREET MIAMI FL 33178	9690 N.W. 41ST STREET MIAMI FL 33178-2968

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1300 Sawgrass Corporate Pkwy	1300 Sawgrass Corporate Pkwy
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.: 301
City & State: Sunrise, FL [illegible]	City & State: Sunrise, FL [illegible]
Zip: 33323 / Country: USA	Zip: 33323 / Country: USA

4. FEI Number 65-0704691 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCURDY, JOSEPH P 9690 N.W. 41ST STREET MIAMI FL 33178	Name: Street Address (P.O. Box Number is Not Acceptable): 1300 Sawgrass Corporate Parkway, Suite 301 City: Sunrise FL Zip Code: 33323

8. 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 [signature] Joseph P. McCurdy 2/29/00

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JOSEPH P. MCCURDY	NAME	
STREET ADDRESS	9690 NW 41ST ST.	STREET ADDRESS	1300 Sawgrass Corporate Parkway, #301
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Sunrise, FL 33323
TITLE	EVP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	THOMAS B. ROGAN	NAME	
STREET ADDRESS	9690 NW 41ST ST.	STREET ADDRESS	1300 Sawgrass Corporate Parkway, #301
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Sunrise, FL 33323
TITLE	ST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MARY M. FRANCO	NAME	
STREET ADDRESS	9690 NW 41ST ST.	STREET ADDRESS	485 Devon Park Drive, Suite 115
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Wayne, PA 19087
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Joseph P. McCurdy 2/29/00 (954) 331-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #