

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

61699320

**DOCUMENT # P96000018446**

1. Entity Name  
**ISAC NATIONAL CATASTROPHE CLAIMS, INC.**

01-22-2001 90032 023 \*\*\*150.00

Principal Place of Business <b>1300 SAWGRASS CORP PKWY          301          SUNRISE FL 33323</b>	Mailing Address <b>1300 SAWGRASS CORP PKWY          301          SUNRISE FL 33323</b>
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DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0704691</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MCCURDY, JOSEPH P**  
**1300 SAWGRASS CORP PKWY STE 301**  
**SUNRISE FL 33323**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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, 2001 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	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>JOSEPH P. MCCURDY</b>	
STREET ADDRESS <b>1300SAWGRASS CORP PKWY #301</b>	
CITY-ST-ZIP <b>SUNRISE FL 33323</b>	
TITLE <b>EVP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>THOMAS B. ROGAN</b>	
STREET ADDRESS <b>1300 SAWGRASS CORP PKWY #301</b>	
CITY-ST-ZIP <b>SUNRISE FL 33323</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MARY M. FRANCO</b>	
STREET ADDRESS <b>485 DEVON PARK DR STE 115</b>	
CITY-ST-ZIP <b>WAYNE PA 19087</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>D/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Jay Scarborough</b>	
STREET ADDRESS <b>13 Cornell Road</b>	
CITY-ST-ZIP <b>Latham, NY 12110</b>	
TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>James E. Guzewich</b>	
STREET ADDRESS <b>13 Cornell Road</b>	
CITY-ST-ZIP <b>Latham, NY 12110</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/00)

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:** Jay Scarborough **1/8/2001** **(518) 782-3173**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #