

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000018446

FILED  
Apr 19, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

1300 SAWGRASS CORP PKWY  
301  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1300 SAWGRASS CORP PKWY  
301  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 65-0704691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCURDY, JOSEPH P  
1300 SAWGRASS CORP PKWY STE 301  
SUNRISE, FL 33323 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JOSEPH P. MCCURDY,  
Address: 1300SAWGRASS CORP PKWY #301  
City-St-Zip: SUNRISE, FL 33323

Title: DS ( ) Delete  
Name: SCARBOROUGH, JAY  
Address: 13 CORNELL ROAD  
City-St-Zip: LATHAM, NY 12119

Title: T ( ) Delete  
Name: GUZEWICH, JAMES E  
Address: 13 CORNELL ROAD  
City-St-Zip: LATHAM, NY 12110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: LANDIN, LYDIA  
Address: 1300 SAWGRASS CORP PKWY #301  
City-St-Zip: SUNRISE, FL 33323

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, TOM  
Address: 1300 SAWGRASS CORP PKWY #301  
City-St-Zip: LATHAM, NY 12110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDIA LANDIN

VP

04/19/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date