

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018446

FILED  
Mar 20, 2008  
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:

3225 MERIDIAN PARKWAY  
WESTON, FL 33331

## Current Mailing Address:

PO BOX 459006  
SUNRISE, FL 333459006

## New Mailing Address:

PO BOX 26791  
WESTON, FL 333267910

FEI Number: 65-0704691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARACORP INCORPORATED  
236 EAST 6TH AVE.  
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LODEN, WILLIAM B  
Address: 1300 SAWGRASS CORP PKWY #301  
City-St-Zip: SUNRISE, FL 33323

Title: TRES ( ) Delete  
Name: REITZE, THOMAS J  
Address: 2705 MEDIA CENTER DRIVE  
City-St-Zip: LOS ANGELES, CA 90065

Title: SEC ( ) Delete  
Name: OHL, CHARLES N  
Address: 2705 MEDIA CENTER DRIVE  
City-St-Zip: LOS ANGELES, CA 90065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES N. OHL

SEC

03/20/2008

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

\_\_\_\_\_  
Date