

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018446

FILED
Mar 24, 2009
Secretary of State

Entity Name: ISAC NATIONAL CATASTROPHE CLAIMS, INC.

Current Principal Place of Business:

3225 MERIDIAN PARKWAY
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

PO BOX 26791
WESTON, FL 333267910

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:

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: TRES (X) Change () Addition
Name: REITZE, THOMAS J
Address: 2804 GATEWAY OAKS DRIVE
City-St-Zip: SACRAMENTO, CA 95833

Title: SEC (X) Change () Addition
Name: OHL, CHARLES N
Address: 2804 GATEWAY OAKS DRIVE
City-St-Zip: SACRAMENTO, CA 95833

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date