

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114209

Entity Name: SAGESURE INSURANCE MANAGERS LLC

Current Principal Place of Business:

101 HUDSON STREET
SUITE 2700
JERSEY CITY, NJ 07302

Current Mailing Address:

101 HUDSON STREET
SUITE 2700
JERSEY CITY, NJ 07302 US

FEI Number: 20-3855926

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Authorized Person(s) Detail :

Title MEMBER
Name INSIGHT CATASTROPHE GROUP, LLC
Address 101 HUDSON STREET
SUITE 2700
City-State-Zip: JERSEY CITY NJ 07302

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COREY NEAL

AUTHORIZED SIGNER

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date