2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2019
Secretary of State
6123886935CC

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

Title	AUTHORIZED REPRESENTATIVE
Name	BISSELL, CRAIG
Address	1760 SUMMIT LAKE DR SUITE 1
City-State-Zip:	TALLAHASSEE FL 32317

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: CRAIG BISSELL — AUTHORIZED PERSON — 02/01/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date