2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2014
Secretary of State
CC7187219443

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Entity Name: SAGESURE INSURANCE MANAGERS LLC

Current Principal Place of Business:

2082 SUMMIT LAKE DRIVE, SUITE 1
TALLAHASSEE, FL 32317

Current Mailing Address:

PO BOX 13206
TALLAHASSEE, FL 32317 US

FEI Number: 20-3855926

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEAL, COREY
2082 SUMMIT LAKE DR
SUITE 1
TALLAHASSEE, FL 32317 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	MGRM
Name	INSIGHT CATASTROPHE GROUP, LLC
Address	747 THIRD AVE 30TH
City-State-Zip:	NEW YORK NY 10017

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 VP 03/25/2014

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