2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2021
Secretary of State
8452392908CC

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:

1760 SUMMIT LAKE DRIVE
SUITE 1
TALLAHASSEE, FL 32317 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	MANAGER	Title	MANAGER
Name	DILORETO, ANDREW	Name	CLARK, DANIEL BROOKS
Address	1760 SUMMIT LAKE DRIVE SUITE 1	Address	1760 SUMMIT LAKE DRIVE SUITE 1
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317
Title	AUTHORIZED PERSON	Title	MANAGER
Name	BISSELL, CRAIG	Name	MCLEAN, TERRENCE
Address	1760 SUMMIT LAKE DR SUITE 1	Address	1760 SUMMIT LAKE DRIVE SUITE 1
City-State-Zip:	TALLAHASSEE FL 32317	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 — CHIEF FINANCIAL OFFICER — 04/14/2021

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