2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# F05000003847

Entity Name: SAGICOR USA, INC.

Current Principal Place of Business:

1511 N. WEST SHORE BLVD., SUITE 420
TAMPA, FL 336074543

New Principal Place of Business:

Current Mailing Address:

1511 N. WEST SHORE BLVD., SUITE 420
TAMPA, FL 336074543

New Mailing Address:

FEI Number: 38-3717974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., SUITE 1500 (TJM)
MIAMI, FL 33131 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:	PCEO	( ) Delete
Name:	MACLURE, MAXINE	
Address:	1511 N. WEST SHORE BLVD., SUITE 420	
City-St-Zip:	TAMPA, FL 336074543	
Title:	S	( ) Delete
Name:	WILLIAMS, DAVID	
Address:	1511 N. WEST SHORE BLVD., SUITE 420	
City-St-Zip:	TAMPA, FL 336074543	
Title:	CD	( ) Delete
Name:	MILLER, DODRIDGE	
Address:	1511 N. WEST SHORE BLVD., SUITE 420	
City-St-Zip:	TAMPA, FL 336074543	
Title:	D	( ) Delete
Name:	MACLURE, MAXINE	
Address:	1511 N. WEST SHORE BLVD., SUITE 420	
City-St-Zip:	TAMPA, FL 336074543	
Title:	D	(X) Delete
Name:	BETHELL, ARTHUR	
Address:	1511 N. WEST SHORE BLVD., SUITE 420	
City-St-Zip:	TAMPA, FL 336074543	
Title:	D	(X) Delete
Name:	GRANT, PATRICIA D	
Address:	1511 N. WEST SHORE BLVD., SUITE 420	
City-St-Zip:	TAMPA, FL 336074543	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID WILLIAMS S 04/19/2007

Electronic Signature of Signing Officer or Director — Date