

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002894

FILED
Jan 08, 2007
Secretary of State

Entity Name: SAGAMORE INSURANCE COMPANY

Current Principal Place of Business:

1099 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46204

New Principal Place of Business:

Current Mailing Address:

1099 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46204

New Mailing Address:

FEI Number: 35-1524574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PD () Delete
Name: DEVITO, JOSEPH J
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: S () Delete
Name: KIRSCHNER, JAMES E
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T () Delete
Name: THOMPSON, THOMAS W
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: () Delete
Name:
Address:
City-St-Zip:

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: GC () Change (X) Addition
Name: MORFAS, CRAIG C GC
Address: 12011 WOODS BAY CT.
City-St-Zip: CARMEL, IN 46033

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: /CRAIGCMORFAS/SS

GC

01/08/2007

Electronic Signature of Signing Officer or Director

Date