

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002894

FILED
Mar 28, 2011
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:

1099 NORTH MERIDIAN STREET
SUITE 700
INDIANAPOLIS, IN 46204

Current Mailing Address:

1099 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46204

New Mailing Address:

1099 NORTH MERIDIAN STREET
SUITE 700
INDIANAPOLIS, IN 46204

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
P O BOX 6200 (32314-6200)
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

OFFICERS AND DIRECTORS:

Title: CEO
Name: DEVITO, JOSEPH J
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: GC,S
Name: MICHAEL, CASE J
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: VPTD
Name: THOMPSON, THOMAS W
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: VP,D
Name: BONINI, MARK L
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: C,D
Name: MILLER, GARY W
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: CFOV
Name: CORYDON, G P
Address: 1099 NORTH MERIDIAN STREET
City-St-Zip: INDIANAPOLIS, IN 46204

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 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 all other like empowered.

SIGNATURE: MICHAEL CASE

GC,S

03/28/2011

Electronic Signature of Signing Officer or Director

Date