

1.) CORPORATION NAME:

SAGAMORE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

DUE DATE: **12/31/2011**

SCC ID NO: **F1199332**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1099 NORTH MERIDIAN ST.

CITY/ST/ZIP: INDIANAPOLIS, IN 46204-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSEPH J. DEVITO
TITLE: PRESIDENT
ADDRESS: 1099 NORTH MERIDIAN STREET
SUITE 700
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: MARK L. BONINI
TITLE: VICE PRESIDENT
ADDRESS: 1099 NORTH MERIDIAN STREET
SUITE 700
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: G. PATRICK CORYDON
TITLE: VICE PRESIDENT
ADDRESS: 1099 NORTH MERIDIAN STREET
SUITE 700
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: RODGER ANTHONY COTTRELL
TITLE: VICE PRESIDENT
ADDRESS: 1099 NORTH MERIDIAN ST.
CITY/ST/ZIP/CO: INDIANAPOLIS, TN 46204-

OFFICER

DIRECTOR

NAME: JAMES D. ISHAM
TITLE: VICE PRESIDENT
ADDRESS: 1099 NORTH MERIDIAN STREET
SUITE 700
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIE L. LAREAU VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E. MITCHELL VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS WESLEY THOMPSON TREAS/VP 1099 NORTH MERIDIAN ST. INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL JAMES CASE GEN COUN/SEC 1099 N MERIDIAN ST INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON GOSHEN ASST TREASURER 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUGH CAMERON VICE PRESIDENT 1099 NORTH MERIDIAN STREET STE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY MILLER PRESIDENT 1099 NORTH MERIDIAN STREET STE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG C MORFAS VICE PRESIDENT 1099 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CRAIG C MORFAS	CRAIG C MORFAS, VICE PRESIDENT	11/14/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.