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2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ASCENDANT COMMERCIAL INSURANCE, INC.

Current Principal Place of Business:

2199 PONCE DE LEON BOULEVARD SUITE 500 CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 141368 CORAL GABLES, FL 33114 US

FEI Number: 27-0835494

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER FLORIDA DEPT OF FINANCIAL SERVICES 200 EAST GAINES STREET TALLAHASSEE, FL 32314-6200 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

	Title	CCEO	Title	D
	Name	CEJAS, PABLO L	Name	CEJAS, PAUL L
	Address	2199 PONCE DE LEON BOULEVARD SUITE 500	Address	2199 PONCE DE LEON BOULEVARD SUITE 500
	City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
	Title	DS	Title	DIRECTOR
	Name	CEJAS, HELENE C	Name	CANDELA, HILARY C
	Address	2199 PONCE DE LEON BOULEVARD SUITE 500	Address	2199 PONCE DE LEON BOULEVARD SUITE 500
	City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
	Title	DIRECTOR	Title	CFO
	Name	ROMANO, JOSE C	Name	GONZALEZ, JORGE E
	Address	2199 PONCE DE LEON BOULEVARD SUITE 500	Address	2199 PONCE DE LEON BOULEVARD SUITE 500
	City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: PABLO L. CEJAS

CEO

Date

Date

Electronic Signature of Signing Officer/Director Detail