

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072824

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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
FLORIDA DEPT OF FINANCIAL SERVICES
200 EAST GAINES STREET
TALLAHASSEE, FL 32314-6200 US*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**Officer/Director Detail :**

Title	CCEO
Name	CEJAS, PABLO L
Address	2199 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	DS
Name	CEJAS, HELENE C
Address	2199 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	ROMANO, JOSE C
Address	2199 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	CEJAS, PAUL L
Address	2199 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	CANDELA, HILARY C
Address	2199 PONCE DE LEON BOULEVARD SUITE 500
City-State-Zip:	CORAL GABLES FL 33134

Title	CFO
Name	GONZALEZ, JORGE E
Address	2199 PONCE DE LEON BOULEVARD SUITE 500
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: JORGE GONZALEZ

CFO

04/28/2016

Electronic Signature of Signing Officer/Director Detail_____
Date