

**2018 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	D
Name	CEJAS, PAUL 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	CANDELA, HILARY 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	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 E GONZALEZ**CHIEF FINANCIAL  
OFFICER****03/01/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date