

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072824

Entity Name: ASCENDANT COMMERCIAL INSURANCE, INC.**Current Principal Place of Business:**5835 BLUE LAGOON DRIVE - SUITE 400
MIAMI, FL 33126**Current Mailing Address:**P.O. BOX 260490
MIAMI, FL 33126**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 5835 BLUE LAGOON DRIVE, SUITE 400
City-State-Zip: MIAMI FL 33126

Title DS
Name CEJAS, HELENE C
Address 5835 BLUE LAGOON DRIVE, SUITE 400
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name ROMANO, JOSE C
Address 5835 BLUE LAGOON DRIVE - SUITE 400
City-State-Zip: MIAMI FL 33126

Title D
Name CEJAS, PAUL L
Address 5835 BLUE LAGOON DRIVE, SUITE 400
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name CANDELA, HILARY C
Address 5835 BLUE LAGOON DRIVE - SUITE 400
City-State-Zip: MIAMI FL 33126

Title CFO
Name GONZALEZ, JORGE E
Address 5835 BLUE LAGOON DRIVE - SUITE 400
City-State-Zip: MIAMI FL 33126

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****02/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date