

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000060468

**Entity Name:** HEMISPHERE INSURANCE GROUP, INC.

**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC1920062566**

**Current Principal Place of Business:**

12350 SW 132 CT  
107  
MIAMI, FL 33186

**Current Mailing Address:**

12350 SW 132 CT  
#107  
MIAMI, FL 33186 US

**FEI Number:** 90-0869737

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUREDA, NANCY F  
15060 SW 49TH LANE  
UNIT B-107  
MIAMI, FL 33185 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:** NANCY F SUREDA

04/04/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DURAN, CHRISTOPHER L  
Address 12350 SW 132 CT  
#107  
City-State-Zip: MIAMI FL 33186

Title EXECUTIVE SECRETARY  
Name SUREDA, NANCY  
Address 15060 SW 49 LANE  
B-107  
City-State-Zip: MIAMI FL 33185

Title PRESIDENT  
Name DURAN, DOREEN  
Address 12350 SW 132 CT  
#107  
City-State-Zip: MIAMI FL 33186

*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:** DOREEN DURAN

PRESIDENT

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date