

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000060468

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

**Current Principal Place of Business:**

11401 SW 40 ST #340  
MIAMI, FL 33165

**Current Mailing Address:**

11401 SW 40 ST #340  
MIAMI, FL 33165

**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

01/15/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	SUREDA, NANCY F	Name	DURAN, CHRISTOPHER L
Address	15060 SW 49TH LANE, STE. B-107	Address	13974 SW 46 TERR D
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33175

*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:** CHRISTOPHER DURAN

VP

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date