

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000060468

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

**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

01/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            OFFICER  
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

OFFICER

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date