oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 27-0742434

Name and Address of Current Registered Agent:

HARRIPAUL, HANCE 2199 PONCE DE LEON BLVD SUITE 500 CORAL GABLES, FL 33134 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	: HANCE HARRIPAUL			01/22/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	SECRETARY	
Name	PREMIER RISK MANAGEMENT, LLC	Name	CARBALLO, MARGARITA S	
Address	PO BOX 260546	Address	2199 PONCE DE LEON BLVD	
City-State-Zip:	MIAMI FL 33126		SUITE 500	
		City-State-Zip:	CORAL GABLES FL 33134	
Title	PRESIDENT			
Name	CEJAS, PABLO L			
Address	2199 PONCE DE LEON BLVD SUITE 500			
City-State-Zip:	CORAL GABLES FL 33134			

Certificate of Status Desired: Yes

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000077271

Entity Name: ASCENDANT UNDERWRITERS, LLC

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

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

SIGNATURE: PABLO L. CEJAS

PRESIDENT

01/22/2020

Date