2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004550

1. Entity Name
HEMISPHERIC UNDERWRITING MANAGERS, L.L.C.

FILED
00 APR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451	7801 LOS PINOS BLVD. CORAL GABLES FL 33143-6451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2600 Douglas Road	same as 2
Suite, Apt. #, etc. Suite 807	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0941892 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BLAKE, JOHN H~~ ~~7801 LOS PINOS BLVD.~~ ~~CORAL GABLES FL 33143-6451~~	Name: Robert A. Freeman Street Address (P.O. Box Number is Not Acceptable): 2601 South Baysgore Drive, 12th Floor, City: Miami FL Zip Code: 33133

8. 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: Robert A. Freeman — April 1, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

100003219511--6
-04/24/00--01020--018
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	Manager/Member Representative ☒ Change ☐ Addition
NAME	BLAKE, JOHN H	NAME	Blake, John H.
STREET ADDRESS	7801 LOS PINOS BLVD.	STREET ADDRESS	7801 Los Pinos Blvd.
CITY-ST-ZIP	CORAL GABLES FL 33143-6451	CITY-ST-ZIP	Coral Gables, Fl. 33143-6451
TITLE	MGRM ☐ Delete	TITLE	Member Representative ☒ Change ☐ Addition
NAME	JIMINEZ, JULIO	NAME	Jimenez, Julio
STREET ADDRESS	7801 LOS PINOS BLVD.	STREET ADDRESS	2600 Douglas Road, Suite 807,
CITY-ST-ZIP	CORAL GABLES FL 33143-6451	CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	MGRM ☐ Delete	TITLE	Member Representative ☒ Change ☐ Addition
NAME	RIVERA, NITZA	NAME	Rivera,Nitza
STREET ADDRESS	7801 LOS PINOS BLVD.	STREET ADDRESS	2600 Douglas Road, Suite 807,
CITY-ST-ZIP	CORAL GABLES FL 33143-6451	CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	MGRM ☐ Delete	TITLE	Member Representative/Direct. ☒ Change ☐ Addition
NAME	ULLOA, CARLOS	NAME	Ulloa, Carlos
STREET ADDRESS	2601 S. BAYSHORE DR., #2040	STREET ADDRESS	2600 Douglas Road, Suite 402,
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	MGRM ☐ Delete	TITLE	Member Representative/Director ☒ Change ☐ Addition
NAME	ULLOA, JULIO	NAME	Ulloa, Julio
STREET ADDRESS	2601 S. BAYSHORE DR., #2040	STREET ADDRESS	2600 Douglas Road, Suite 402,
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	MGRM ☐ Delete	TITLE	Member Representative/Director ☐ Change ☒ Addition
NAME	KING, MICHAEL	NAME	James, Philip
STREET ADDRESS	5 LLOYDS AVENUE	STREET ADDRESS	c/oPrimary Investment Group,2nd Fl.John
CITY-ST-ZIP	LONDON EC3N 3AE ENGLAND	CITY-ST-ZIP	Swan Bldg.,Victoria St.,Hamilton,Bermuda

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED — 3.31-2000 — 305-443-6267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #