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 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

Authorized Person(s) Detail :

Title AMBR SHACK. ALEX 2060 BISCAYNE BLVD, 2ND FLOOR

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000360783

Entity Name: BRAMAN REINSURANCE 4 - AS, LLC

Current Principal Place of Business:

2060 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137

Current Mailing Address:

2060 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137 UN

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

SHACK, BRIAN 2060 BISCAYNE BLVD, 2ND FLOOR MIAMI, FL 33137 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.

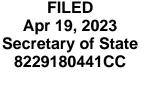
SIGNATURE: BRIAN SHACK

Electronic Signature of Registered Agent

Name Address

City-State-Zip: MIAMI FL 33178

SIGNATURE: ALEX SHACK



Certificate of Status Desired: No

04/19/2023

Date

04/19/2023 Date

AMBR