2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000044129

Entity Name: ARK ROYAL INSURANCE COMPANY

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 805 EXECUTIVE CENTER DR. WEST SUITE 300 ST. PETERSBURG, FL 33702 **Current Mailing Address: New Mailing Address:** 805 EXECUTIVE CENTER DR. WEST SUITE 300 ST. PETERSBURG, FL 33702 FEI Number: 26-1142659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WORTHINGTON, ANN R 805 EXECUTIVE CENTER DR. WEST SUITE 300 ST. PETERSBURG, FL 33702 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: () Change () Addition PUPPEL, DENNIS G Name: Name: 911 CHESTNUT ST. Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: Title: () Delete () Change () Addition WORTHINGTON, ANN R Name: Name: 805 EX CUTURE CTR DR W #300 Address: Address: SAINT PETERSBURG, FL 33702 City-St-Zip: City-St-Zip: Title: SD () Delete Title: () Change () Addition WILLIS, ROBERT H JR. Name: Name: 259 3RD ST_NORTH Address: Address: ST. PETERSBURG, FL 33701 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SHER, CRAIG H Name: Name: Address: 5858 CENTRAL AVENUE Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: Title: Title: () Delete () Change () Addition PECK, FRANK C Name: Name: 805 EXECUTIVE CENTER DR. WEST, SUITE 300 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: () Change (X) Addition DANIELS, DAVID S Name: Name: 805 EXECUTIVE CENTER DR. WEST, SUITE 300 Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANN R. WORTHINGTON T 04/15/2009