

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044129

Entity Name: ARK ROYAL INSURANCE COMPANY**Current Principal Place of Business:**1 ASI WAY
ST. PETERSBURG, FL 33702**Current Mailing Address:**1 ASI WAY
ST. PETERSBURG, FL 33702 US**FEI Number:** 26-1142659**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KARD, CHRISTOPHER
1 ASI WAY
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**Officer/Director Detail :**Title CDS
Name RUPPEL, DENNIS G
Address 1 ASI WAY
City-State-Zip: ST. PETERSBURG FL 33702Title PD
Name WILLIS, ROBERT HJR.
Address P.O. BOX 30
City-State-Zip: ST. PETERSBURG FL 33731Title D
Name WORTHINGTON, ANN R
Address 1 ASI WAY
City-State-Zip: ST. PETERSBURG FL 33702Title T
Name KARD, CHRISTOPHER
Address 1 ASI WAY
City-State-Zip: ST. PETERSBURG FL 33702Title D
Name SHER, CRAIG H
Address 5858 CENTRAL AVENUE
City-State-Zip: ST. PETERSBURG FL 33707Title D
Name ROHDE, GILBERT JR
Address 1 ASI WAY
City-State-Zip: ST. PETERSBURG FL 33702

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: CHRISTOPHER H. KARD**TREASURER****03/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date