

**2013 FLORIDA PROFIT CORPORATION AMENDED 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:** No**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 PCD  
Name RUPPEL, DENNIS G  
Address 911 CHESTNUT ST.  
City-State-Zip: CLEARWATER FL 33756Title SD  
Name WILLIS, ROBERT HJR.  
Address P.O. BOX 30  
City-State-Zip: ST. PETERSBURG FL 33731Title D  
Name PECK, FRANK C  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702Title D  
Name ROHDE, GILBERT JR  
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 WORTHINGTON, ANN R  
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 KARD**TREASURER****06/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date