

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000134605

**Entity Name:** WREN INSURANCE GROUP INC.

**Current Principal Place of Business:**

222 OAKRIDGE BLVD  
STE 110  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

222 OAKRIDGE BLVD  
STE 110  
DAYTONA BEACH, FL 32118 US

**FEI Number:** 26-1622646

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WREN, PHILLIP W  
222 OAKRIDGE BLVD  
STE 110  
DAYTONA BEACH, FL 32118 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 P  
Name WREN, PHILLIP W  
Address 222 OAKRIDGE BLVD  
STE 110  
City-State-Zip: DAYTONA BEACH FL 32118

Title SECRETARY  
Name WREN, EMILIE  
Address 222 OAKRIDGE BLVD  
STE 110  
City-State-Zip: DAYTONA BEACH FL 32118

*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:** PHILLIP WREN

**PRES**

**01/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date