**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 29, 2013**
**Secretary of State**
**CC4778491267**

DOCUMENT# P00000002355

**Entity Name:** ARK INSURANCE GROUP, INC.

**Current Principal Place of Business:**

600 N THACKER AVE
SUITE D-45
KISSIMMEE, FL 34741

**Current Mailing Address:**

P O BOX 540673
ORLANDO, FL 32854

**FEI Number: 59-3618898**

**Certificate of Status Desired:** No

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

REVELS, DALE E
1228 SPRING LAKE DRIVE
ORLANDO, FL 32804 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 | D | Title | D |
| Name | REVELS, DALE E | Name | REVELS, IRENE E |
| Address | 1228 SPRING LAKE DRIVE | Address | 1228 SPRING LAKE DRIVE |
| City-State-Zip: | ORLANDO FL 32804 | City-State-Zip: | ORLANDO FL 32804 |

*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: DALE REVELS PRESIDENT 04/29/2013

Electronic Signature of Signing Officer/Director Detail — Date