

F02000001676

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

800005182828--5
-04/02/02--01039--004
****236.25 ****78.75

SUBJECT: NorGUARD Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thom Pesta

(Name of Person)

GUARD Insurance Group

(Firm/Company)

16 S. River Street, P.O. Box A-H

(Address)

Wilkes-Barre, PA 18703-0020

(City/State and Zip code)

For further information concerning this matter, please call:

Thom Pesta

(Name of Person)

at (570) 825-9900, extension 4571

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPROVED
AND
FILED
02 APR -2 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
LB
4402

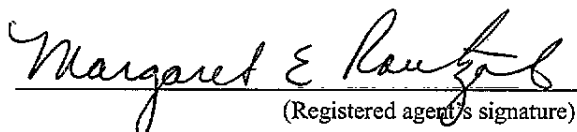
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. NorGUARD Insurance Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Pennsylvania 3. 23-2459204
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/12/1987 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 16 South River Street, Wilkes-Barre, PA 18703
(Principal office address)
16 South River Street, P.O. Box A-H, Wilkes-Barre, PA 18703-0020
(Current mailing address)
8. provide workers' compensation insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

MARGARET E. ROUTZAHN
Special Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Y. Judd Shoval

Address: 16 South River Street,
Wilkes-Barre, PA 18703

Vice Chairman: Susan W. Shoval

Address: 16 South River Street,
Wilkes-Barre, PA 18703

Director: Richard T. Zatorski

Address: 16 South River Street,
Wilkes-Barre, PA 18703

Director: Michael J. Dulin

Address: 16 South River Street,
Wilkes-Barre, PA 18703

B. OFFICERS

President: Susan W. Shoval

Address: 16 South River Street,
Wilkes-Barre, PA 18703

Vice President: Richard T. Zatorski

Address: 16 South River Street,
Wilkes-Barre, PA 18703

Secretary: Marshall I. Kornblatt

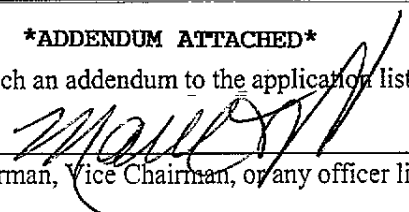
Address: 16 South River Street, Wilkes-Barre, PA 18703

Treasurer: Jeffrey E. Picker

Address: 16 South River Street, Wilkes-Barre, PA 18703

ADDENDUM ATTACHED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marshall I. Kornblatt, Senior Vice President of Home Office Operations
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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BUSINESS IN FLORIDA**

Addendum

12. Names and business addresses of officers and/or directors

A. DIRECTORS

Director: Lawrence E. Cohen
Address: 11 Bear Creek Blvd.
Wilkes-Barre, PA 18703
Director: Leo J. Gutstein
Address: 247 South Main Street,
Pittston, PA 18643
Director: Frank H. Hughes
Address: Box 1308,
Kingston, PA 18704

B. OFFICERS

Chairman, CEO, Assistant Secretary: Y. Judd Shoval
Address: 16 South River Street, Wilkes-Barre, PA 18703
Vice President: Carl J. Witkowski
Address: 16 South River Street, Wilkes-Barre, PA 18703
Vice President: Wayne E. McOwen
Address: 16 South River Street, Wilkes-Barre, PA 18703
Vice President: Richard Murphy
Address: 16 South River Street, Wilkes-Barre, PA 18703
Assistant Secretary: Lisa M. Thompson
Address: 16 South River Street, Wilkes-Barre, PA 18703

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
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Commonwealth of Pennsylvania



INSURANCE DEPARTMENT

I, M. Diane Koken, Insurance Commissioner of the Commonwealth of Pennsylvania, do hereby certify that the

NORGUARD INSURANCE COMPANY

located in Wilkes-Barre, Pennsylvania, has complied with the laws of this Commonwealth, and is authorized to issue policies and transact insurance as specified in Section 202, subdivision (c), paragraph (14) Workers' Compensation, of the Act of May 17, 1921, P.L. 682, as amended, as a stock casualty insurance company.

In Witness Whereof, I have hereunto set my hand and caused my official seal to be affixed this 25th day of January, 2002.

M. Diane Koken

Insurance Commissioner

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AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

