

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001676

Entity Name: NORGUARD INSURANCE COMPANY

Current Principal Place of Business:

16 SOUTH RIVER ST.
WILKES-BARRE, PA 18703

Current Mailing Address:

16 SOUTH RIVER ST.
P.O. BOX A-H
WILKES-BARRE, PA 18703-0020 US

FEI Number: 23-2459204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO
Name FOGUEL, SY
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title P
Name FOGUEL, SY
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title D
Name WITKOWSKI, CARL J
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title S
Name KORNBLATT, MARSHALL I
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title T
Name PICKER, JEFFREY E
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

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: MARSHALL KORNBLATT

SECRETARY

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date