

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001676

**Entity Name:** NORGUARD INSURANCE COMPANY**Current Principal Place of Business:**39 PUBLIC SQUARE  
WILKES-BARRE, PA 18701**Current Mailing Address:**39 PUBLIC SQUARE  
P.O. BOX A-H  
WILKES-BARRE, PA 18701 US**FEI Number:** 23-2459204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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:** CHIEF FINANCIAL OFFICER

01/14/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name FOGUEL, SY  
Address 39 PUBLIC SQUARE  
City-State-Zip: WILKES-BARRE PA 18701

Title P  
Name FOGUEL, SY  
Address 39 PUBLIC SQUARE  
City-State-Zip: WILKES-BARRE PA 18701

Title D  
Name WITKOWSKI, CARL J  
Address 39 PUBLIC SQUARE  
City-State-Zip: WILKES-BARRE PA 18701

Title T  
Name AJCHENBAUM, EITAN  
Address 39 PUBLIC SQUARE  
City-State-Zip: WILKES-BARRE PA 18701

Title DIRECTOR  
Name SHELLEY, PETER  
Address 39 PUBLIC SQUARE  
City-State-Zip: WILKES-BARRE PA 18701

Title DIRECTOR  
Name BYRNES, BRUCE  
Address 39 PUBLIC SQUARE  
City-State-Zip: WILKES-BARRE PA 18701

Title DIRECTOR  
Name O'SULLIVAN, CARMEL  
Address 39 PUBLIC SQUARE  
City-State-Zip: WILKES-BARRE PA 18701

Title DIRECTOR  
Name SNOVER, BRIAN  
Address 39 PUBLIC SQUARE  
City-State-Zip: WILKES-BARRE PA 18701

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*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:** MICHAEL J. DULIN**SECRETARY**

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	DULIN, MICHAEL
Address	39 PUBLIC SQUARE
City-State-Zip:	WILKES-BARRE PA 18701