

2015 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:**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

01/13/2015

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 SOLA, ELAINE
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title T
Name AJCHENBAUM, EITAN
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title DIRECTOR
Name RAIGUEL, KARA
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title DIRECTOR
Name KHANNA, SUNIL
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title DIRECTOR
Name O'SULLIVAN, CARMEL
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

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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: ELAINE SOLA**SECRETARY**

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SNOVER, BRIAN
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703

Title DIRECTOR
Name DULIN, MICHAEL
Address 16 SOUTH RIVER ST.
City-State-Zip: WILKES-BARRE PA 18703