

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004733

Entity Name: WESTGUARD 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 18703-0020 US

FEI Number: 06-1678760

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 C
Name SHELLEY, PETER
Address 100 STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title D
Name BYRNES, BRUCE
Address 100 FIRST STAMFORD PLACE
STAMFO
City-State-Zip: STAMFORD CT 06902

Title D
Name O'SULLIVAN, CARMEL
Address 100 STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

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

Title SECRETARY
Name O'CONNOR, MATTHEW
Address 39 PUBLIC SQUARE
City-State-Zip: WILKES-BARRE PA 18701

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

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: MATTHEW O'CONNOR

SECRETARY

03/09/2021

Electronic Signature of Signing Officer/Director Detail

Date