

**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