

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004733

Entity Name: WESTGUARD INSURANCE COMPANY**Current Principal Place of Business:**16 S.RIVER STREETWILKES BARRE, PA 18703
WILKES-BARRE, PA 18702**Current Mailing Address:**16 S.RIVER STREETWILKES BARRE, PA 18703
WILKES-BARRE, PA 18702 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 RAIGUEL, KARA
Address 100 STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

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

Title VP
Name DULIN, MICHAEL
Address 16 S.RIVER STREETWILKES BARRE,
PA 18703
City-State-Zip: WILKES-BARRE PA 18702

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

Title P
Name FOGUEL, SY
Address 16 S.RIVER STREETWILKES BARRE,
PA 18703
City-State-Zip: WILKES-BARRE PA 18702

Title S
Name SOLA, ELAINE
Address 16 S.RIVER STREETWILKES BARRE,
PA 18703
City-State-Zip: WILKES-BARRE PA 18702

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 DULIN**VICE PRESIDENT AND
GENERAL COUNSEL****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date