
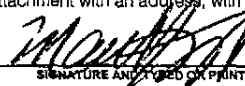


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000001674</b>		
1. Entity Name <b>AMGUARD INSURANCE COMPANY</b>		
Principal Place of Business <b>16 SOUTH RIVER ST. WILKES-BARRE, PA 18703</b>		Mailing Address <b>16 SOUTH RIVER ST. P.O. BOX A-H WILKES-BARRE, PA 18703-0020 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reattaching)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO SHOVAL, Y. JUDD 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC SHOVAL, SUSAN 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZATORSKI, RICHARD T 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DULIN, MICHAEL 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORNBLATT, MARSHALL I 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICKER, JEFFREY E 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>23-2240321</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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02/18/06-80096-013 150.00

**DO NOT WRITE  
IN THIS SPACE**