2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# F02000001674

Entity Name: AMGUARD INSURANCE COMPANY

Current Principal Place of Business:

16 SOUTH RIVER ST.
WILKES-BARRE, PA 18703

New Principal Place of Business:

Current Mailing Address:

16 SOUTH RIVER ST.
P.O. BOX A-H
WILKES-BARRE, PA 187030020 US

New Mailing Address:

FEI Number: 23-2240321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete
Name: SHOVAL, Y. JUDD
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

Title: PVC ( ) Delete
Name: SHOVAL, SUSAN
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

Title: DVP ( ) Delete
Name: ZATORSKI, RICHARD T
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

Title: D ( ) Delete
Name: DULIN, MICHAEL
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

Title: S ( ) Delete
Name: KORNBLATT, MARSHALL I
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

Title: T ( ) Delete
Name: PICKER, JEFFREY E
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: FOGUEL, SY
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

Title: P (X) Change ( ) Addition
Name: SHOVAL, SUSAN
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

Title: VP (X) Change ( ) Addition
Name: TOOLE, ANN M
Address: 16 SOUTH RIVER ST.
City-St-Zip: WILKES-BARRE, PA 18703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARSHALL KORNBLATT S 01/14/2008

Electronic Signature of Signing Officer or Director — Date