Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11140002601123)))



H140002601123ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rmail Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

WestGUARD Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Heip

https://efile.sunbiz.org/scripts/efilcovr.exe

11/7/2014

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: WestGUARD Insura	ance Company		
DODOLC:	Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good S	Standing" and check are sub-	
Please return all correspondence	concerning this ma	tter to the following:	
Elaine Sola			
	Name	of Person	
WestGUARD Insurance Company			
	Firm/C	Company	
16 S. River Street, PO Box AH			
	Ad	ldress	
Wilkes Barre, PA 18702			
	City/Stot	e and Zip code	
statefilings@guard.com		<u></u>	_ •
E-mai	address: (to be use	ed for future annual report n	otification)
For further information concerning	ng this matter, plea	se call:	
Claine Sola	at (673-2465, ext. 4570	
Name of Person	Δε	ea Code & Daytime Telepho	one Number
STREET/COURIER A New Filing Section Division of Corporations Clifton Building 2661 Executive Center C Tallabassee, FL 32301	;	MAILING AI New Filing Ser Division of Co P.O. Box 6327 Tallahassee, F	ction opporations
Enclosed is a check for the follow	ving amount:		
□ \$70.00 Filing Fee □ \$78.	.75 Fiting Fee & tiffcate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOILLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l'Enome unavailable in Florida, enter alternate corporate na Pennsylvania	ame .	edopted for the purpose of transacting busine 06-1678760	ss in Florida)
(State or country under the law of which it is incorporated	_ 3.	(FEI number, if applicable))
2/10/2003	5 .	paraetijal	•
(Dute of incorporation)	.).	(Duration: Year corp. will cease to exist or	"perpetual")
√/A			
(SEE SECTIONS 607,1501 & 60		i Florida, if prior to registration) 502, F.S., to determine penalty liability)	
S. River Street, Wilkes Barre, PA 18703			
(Principal office	add	ress)	
6 S. River Street, Wilkes Barre, PA 18702			<u> </u>
(Current malling	add	ress)	
		o to some constitution	
Name and <u>sireet address</u> of Florida registered agent:	(11)	O. Hox NOT acceptable)	7
Name: CT Corporation System			, , , <u>, , , , , , , , , , , , , , , , </u>
ice Address: 1200 South Pine Island Road	1		Cot. 1
Plantation		33324	
(City)		, Florida(Zin code)	77.
` "		• • •	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

II. Nam	nes and business addresses of officers and/or directors:		
A. DIRI	ECTORS		
Chairman	: Kara Ruiguel		
Address:	100 First Stamford Place		
	Stamford, CT 06902		
Vice Chaf	DNA:		
Address:		· · · · · · · · · · · · · · · · · · ·	·
Director:	Sunii Khanns		
Address:	100 First Stamford Pince		
	Stamford, CT 06902		
Director:	Carmel O'Sullivan		
Address:	100 First Sumfard Place		
	Stamford, C7: 06902		
B. OFF	ICERS	Ž.	<u>に</u> (5)
Presiden:	Sy Foguel	7.1	35
Address:	16 S. River Street, PO Box A11, Wilkes Borre, PA 18702	i.	1
		1	ند.
Vice Presi	dess: Michael Dulin	_1	,
Address:	16 S. River Street, PO Box All, Wilkes Burre, PA 18702)KK	<u> </u>
		•< <u>F</u>	·
Secretary:	Elaine Sola		
Address:	16 S. River Street, FO Hox AH, Wilkes Barre, PA 18702		
Treasurer:	Eilan Ajekenbaum		
Address:	16 S. River Street, PO Box AH, Wilkes Burre, PA 18702		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	
12	Elrine Lova		
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Stagree felony as provided for in s.817.155, F.S.	stated he	rein itutes
13. Elain	e Sola		
	(Typed or printed name and capacity of person signing application)		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

NOVEMBER 6, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

WESTGUARD INSURANCE COMPANY

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 12220659-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp