

1.) CORPORATION NAME:

NorGuard Insurance Company

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1373861**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16 SOUTH RIVER STREET

CITY/ST/ZIP: WILKES-BARRE, PA 18703

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SY FOGUEL	
TITLE:	P/CEO	
ADDRESS:	16 SOUTH RIVER STREET	
CITY/ST/ZIP/CO:	WILKES-BARRE, PA 18703	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CARL J WITKOWSKI	
TITLE:	VICE PRESIDENT	
ADDRESS:	16 SOUTH RIVER STREET	
CITY/ST/ZIP/CO:	WILKES-BARRE, PA 18703	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELAINE SOLA	
TITLE:	AVP/SEC	
ADDRESS:	16 SOUTH RIVER STREET	
CITY/ST/ZIP/CO:	WILKES-BARRE, PA 18703	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EITAN AJCHENBAUM	
TITLE:	CFO/TREASURER	
ADDRESS:	16 SOUTH RIVER STREET	
CITY/ST/ZIP/CO:	WILKES-BARRE, PA 18703	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KARA L RAIGUEZ	
TITLE:	DIRECTOR	
ADDRESS:	16 SOUTH RIVER STREET	
CITY/ST/ZIP/CO:	WILKES-BARRE, PA 18703	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN G SHOVAL	
TITLE:	DIRECTOR	
ADDRESS:	16 SOUTH RIVER STREET	
CITY/ST/ZIP/CO:	WILKES-BARRE, PA 18703	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ELAINE SOLA	ELAINE SOLA, AVP/SEC	3/17/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		