

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215509850

1.) CORPORATION NAME:

AmGuard 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: **F1373952**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16 S RIVER ST

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.

NAME: SY FOGUEL
 TITLE: CEO/PRESIDENT
 ADDRESS: 16 S RIVER ST
 CITY/ST/ZIP/CO: WILKES-BARRE, PA 18703

OFFICER DIRECTOR

NAME: ELAINE SOLA
 TITLE: AVP/SEC
 ADDRESS: 16 S RIVER ST
 CITY/ST/ZIP/CO: WILKES-BARRE, PA 18703

OFFICER DIRECTOR

NAME: EITAN AJCHENBAUM
 TITLE: CFO/TREAS
 ADDRESS: 16 S RIVER ST
 CITY/ST/ZIP/CO: WILKES-BARRE, PA 18703

OFFICER DIRECTOR

NAME: CARL J WITKOWSKI
 TITLE: COO
 ADDRESS: 16 S RIVER STREET
 CITY/ST/ZIP/CO: WILKES-BARRE, PA 18703

OFFICER DIRECTOR

NAME: BRIAN G SNOVER
 TITLE: DIRECTOR
 ADDRESS: 16 S RIVER ST
 CITY/ST/ZIP/CO: WILKES-BARRE, PA 18703

OFFICER DIRECTOR

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.