


2007 FOR PROFIT CORPORATION ANNUAL REPORT

| | | |
|--|--|---|
| DOCUMENT # 817860 | |  |
| 1. Entity Name SHIELD INSURANCE COMPANY | | |

FILED

07 MAR 27 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 244 PERIMETER CENTER PARKWAY, NE P.O. BOX 105303 (ZIP 30348) ATLANTA, GA 30346 | Mailing Address 244 PERIMETER CENTER PARKWAY, NE P.O. BOX 105303 (ZIP 30348) ATLANTA, GA 30346 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02222007

Chg-P

CR2E034 (12/06)

4. FEI Number

58-0910530

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAURER, BARBARA A 244 PERIMETER CENTER PKWY, NE ATLANTA, GA 30346 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BLACKBURN, JOHN D 1701 Towanda Ave. Bloomington, IL 61702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MAGERS, DAVID 244 PERIMETER CENTER PKWY, NE ATLANTA, GA 30346 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HARMON, PAUL M 244 PERIMETER CENTER PKWY, NE ATLANTA, GA 30346 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BARLOW, WILLIAM J 610 RIDGEBROOK POINT ROSWELL, GA 30075 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Borowski, VP

Date

3-20-07

309-821-3596

Daytime Phone #

204/2

**SHIELD INSURANCE COMPANY
FLORIDA ANNUAL REPORT
LIST OF ADDITIONAL OFFICERS**

| <u>Name & Mailing Address</u> | <u>Office</u> |
|---|--|
| John D. Blackburn 1701 Towanda Avenue Bloomington, IL 61701 | Chairman of the Board & Director |
| Barbara A. Baurer 1701 Towanda Avenue Bloomington, IL 61701 | President, Vice Chairman & Director |
| David A. Magers 1701 Towanda Avenue Bloomington, IL 61701 | Senior Vice President, Chief Financial Officer, & Director |
| Doyle J. Williams 1701 Towanda Avenue Bloomington, IL 61701 | Senior Vice President, Chief Marketing Officer, & Director |
| W. Michael Cook 244 Perimeter Center Parkway NE Atlanta, GA 30346 | Senior Vice President & Chief Operating Officer |
| Deanna L. Frautschi 1701 Towanda Avenue Bloomington, IL 61701 | Senior Vice President |
| Paul M. Harmon 1701 Towanda Avenue Bloomington, IL 61701 | General Counsel, Secretary Chief Legal Officer, & Director |
| Robert W. Rush, Jr. 1705 Towanda Avenue Bloomington, IL 61701 | Senior Vice President |
| Jeffrey C. Gendron 1701 Towanda Avenue Bloomington, IL 61701 | Senior Vice President |
| Alan T. Reiss 1711 GE Road Bloomington, IL 61704 | Senior Vice President, Service Operations |
| W. Michael Cook 244 Perimeter Center Parkway NE Atlanta, GA 30346 | Vice President Agency |
| Cherilyn S. Hardman-Sytar 1701 Towanda Avenue Bloomington, IL 61701 | Vice President Marketing |
| Peter J. Borowski 1705 Towanda Avenue Bloomington, IL 61701 | Vice President & Controller |

**SHIELD INSURANCE COMPANY
FLORIDA ANNUAL REPORT
LIST OF ADDITIONAL OFFICERS**

| <u>Name & Mailing Address</u> | <u>Office</u> |
|--|---|
| Richard Bill 1701 Towanda Avenue Bloomington, IL 61701 | Vice President & Corporate Property/ Casualty Actuary |
| Gary Shay 244 Perimeter Center Parkway NE Atlanta, GA 30346 | Vice President - Underwriting |
| Martin L. Angel 1711 GE Road Bloomington, IL 61704 | Vice President - Claims |
| Kurt F. Bock 1701 Towanda Avenue Bloomington, IL 61701 | Treasurer |
| Ronald D. Pridgeon 1701 Towanda Avenue Bloomington, IL 61701 | Chief Property/ Casualty Actuary |
| Kathy Smith Whitman 1701 Towanda Avenue Bloomington, IL 61701 | Assistant Secretary |
| Virginia M. Smith 1701 Towanda Avenue Bloomington, IL 61701 | Assistant Secretary |
| Bruce D. Finks 1705 Towanda Avenue Bloomington, IL 61701 | Assistant Treasurer |
| Daniel C. Eidsmoe 1711 GE Road Bloomington, IL 61704 | Privacy Officer |
| Gaylord O. Coan 5150 Peachtree Industrial Blvd #400 Norcross, GA 30071 | Director |
| Thomas A. Harris 2660 E Chase Lane Montgomery, AL 36117 | Director |
| Robert C. McMahan One Brookhaven Drive # 202 Atlanta, GA 30319 | Director |
| Darrell D. Pittard 4280 W Club Lane Atlanta, GA 30319 | Director |