

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 817860

1. Entity Name
SHIELD INSURANCE COMPANY



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



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0910530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAURER, BARBARA A 244 PERIMETER CENTER PKWY, NE ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGERS, DAVID 244 PERIMETER CENTER PKWY, NE ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARMON, PAUL M 244 PERIMETER CENTER PKWY, NE ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLACKBURN, JOHN D 1701 TOWANDA AVENUE BLOOMINGTON, IL 61702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BOROWSKI, PETER J 1705 TOWANDA AVENUE BLOOMINGTON, IL 61701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILLIAMS, DOYLE J 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701

**DO NOT WRITE
IN THIS SPACE**

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

VP - CORPORATE CONTROLLER

Date

Daytime Phone #

1-11-08 (39) 821-3596