

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817860

FILED
Apr 06, 2009
Secretary of State

Entity Name: SHIELD INSURANCE COMPANY

Current Principal Place of Business:

244 PERIMETER CENTER PARKWAY, NE
P.O. BOX 105303 (ZIP 30348)
ATLANTA, GA 30346

New Principal Place of Business:

244 PERIMETER CENTER PARKWAY, NE
ATLANTA, GA 30346

Current Mailing Address:

244 PERIMETER CENTER PARKWAY, NE
P.O. BOX 105303 (ZIP 30348)
ATLANTA, GA 30346

New Mailing Address:

FEI Number: 58-0910530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAURER, BARBARA A
Address: 244 PERIMETER CENTER PKWY, NE
City-St-Zip: ATLANTA, GA 30346

Title: VD () Delete
Name: MAGERS, DAVID
Address: 244 PERIMETER CENTER PKWY, NE
City-St-Zip: ATLANTA, GA 30346

Title: SD () Delete
Name: HARMON, PAUL M
Address: 244 PERIMETER CENTER PKWY, NE
City-St-Zip: ATLANTA, GA 30346

Title: CD () Delete
Name: BLACKBURN, JOHN D
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61702

Title: VPC () Delete
Name: BOROWSKI, PETER J
Address: 1705 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: SVPD () Delete
Name: WILLIAMS, DOYLE J
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JACOBS, JAMES
Address: 244 PERIMETER CENTER PKWY, NE
City-St-Zip: ATLANTA, GA 30346

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. BOROWSKI

VPC

04/06/2009

Electronic Signature of Signing Officer or Director

Date