

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90272 004 ***150.00

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1. Entity Name
BOND SAFEGUARD INSURANCE COMPANY



Principal Place of Business
1919 S. HIGHLAND AVENUE, BLDG A, STE 300
LOMBARD, IL 60148

Mailing Address
10002 SHELBYVILLE RD, STE 100
LOUISVILLE, KY 40223

2. Principal Place of Business

3. Mailing Address

10002 Shelbyville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State
Louisville, KY

Zip

Country

Zip

40223

Country

USA

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number
36-2761729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METZE, SUSAN J AS
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CAMPBELL, DAVID E
STREET ADDRESS 631 SHUTE LANE
CITY-ST-ZIP OLD HICKORY, TN 37138

TITLE SD ☐ Delete
NAME BUCHANAN, DONALD D
STREET ADDRESS 10000 SHELBYVILLE ROAD, SUITE 100
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE TCD ☐ Delete
NAME DIERUF, THOMAS A
STREET ADDRESS 10000 SHELBYVILLE ROAD, SUITE 100
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ATV ☐ Delete
NAME LAUER, PHILIP G
STREET ADDRESS 10002 SHELBYVILLE, RD, STE 100
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE D ☐ Delete
NAME STAMP, ZACHARY L
STREET ADDRESS 601 WEST MONROE STREET
CITY-ST-ZIP SPRINGFIELD, IL 62704

TITLE D ☐ Delete
NAME PETERSEN, KIRK H
STREET ADDRESS 601 WEST MONROE STREET
CITY-ST-ZIP SPRINGFIELD, IL 62704

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASV ☐ Change ☒ Addition
NAME RAY MARSHALL EGAN
STREET ADDRESS 10002 Shelbyville Rd, Ste 100
CITY-ST-ZIP Louisville, KY 40223

TITLE ATVD ☒ Change ☐ Addition
NAME Philip Gregory Lauer
STREET ADDRESS 10002 SHELBYVILLE Rd. Ste 100
CITY-ST-ZIP Louisville, KY 40223

TITLE D ☐ Change ☒ Addition
NAME Steve Wayne Kinian
STREET ADDRESS 601 West Monroe Street
CITY-ST-ZIP Springfield, IL 62704

TITLE V ☐ Change ☒ Addition
NAME Gregory Eugene Semrow
STREET ADDRESS 631 Shute Lane
CITY-ST-ZIP Old Hickory, TN 37138

TITLE V ☐ Change ☒ Addition
NAME Rose Marie Culbertson
STREET ADDRESS 10002 Shelbyville Road, Ste 100
CITY-ST-ZIP Louisville, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: ROSE M. CULBERTSON 4.10.06