

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001109

FILED
Mar 16, 2012
Secretary of State

Entity Name: BOND SAFEGUARD INSURANCE COMPANY

Current Principal Place of Business:

900 S FRONTAGE
STE 250
WOODRIDGE, IL 60517

New Principal Place of Business:

Current Mailing Address:

10002 SHELBYVILLE RD
STE 100
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 36-2761729

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 32399 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

OFFICERS AND DIRECTORS:

Title: PD
Name: CAMPBELL, DAVID E
Address: 256 JACKSON MEADOWS DR, STE 201
City-St-Zip: HERMITAGE, TN 37076 US

Title: VP
Name: CULBERTSON, ROSE
Address: 10002 SHELBYVILLE, RD, STE 100
City-St-Zip: LOUISVILLE, KY 40223 US

Title: CD
Name: DIERUF, THOMAS A
Address: 10000 SHELBYVILLE ROAD, SUITE 100
City-St-Zip: LOUISVILLE, KY 40223 US

Title: ATVD
Name: LAUER, PHILIP G
Address: 10002 SHELBYVILLE, RD, STE 100
City-St-Zip: LOUISVILLE, KY 40223 US

Title: D
Name: STAMP, ZACHARY L
Address: 601 WEST MONROE STREET
City-St-Zip: SPRINGFIELD, IL 62704 US

Title: D
Name: PETERSON, KIRK H
Address: 601 WEST MONROE STREET
City-St-Zip: SPRINGFIELD, IL 62704 US

I hereby 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 all other like empowered.

SIGNATURE: ROSE CULBERTSON

VP

03/16/2012

Electronic Signature of Signing Officer or Director

Date