


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 024 ***150.00

DOCUMENT # F03000001109	
1. Entity Name BOND SAFEGUARD INSURANCE COMPANY	

Principal Place of Business 1919 S. HIGHLAND AVNEUE, BLDG A, STE 300 LOMBARD, IL 60148	Mailing Address 1919 S. HIGHLAND AVNEUE, BLDG A, STE 300 LOMBARD, IL 60148
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14012177



2. Principal Place of Business	3. Mailing Address 1000 2 Shelbyville Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 100
City & State	City & State Louisville, KY
Zip	Country USA
Country	Zip 40223

04262005 Chg-P CR2E034 (10/03)

4. FEI Number 36-2761729	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
METZE, SUSAN J AS CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 **SUSAN J. METZE, AS**
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, DAVID E 631 SHUTE LANE OLD HICKORY, TN 37138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV RAY MARSHALL EGAN 10002 Shelbyville Road, Suite 100 LOUISVILLE, KY 40223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCHANAN, DONALD D 10000 SHELBYVILLE ROAD, SUITE 100 LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATV Philip Gregory LAUER 10002 SHELBYVILLE ROAD, STE. 100 LOUISVILLE, KY 40223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD DIERUF, THOMAS A 10000 SHELBYVILLE ROAD, SUITE 100 LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE WAYNE KINION 601 WEST MONROE STREET Springfield, IL 62704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JAMES A II 10000 SHELBYVILLE ROAD, SUITE 100 LOUISVILLE, KY 40223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gregory Eugene Semrow 631 SHUTE LANE Old Hickory, TN 37138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMP, ZACHARY L 601 WEST MONROE STREET SPRINGFIELD, IL 62704 <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	D PETERSEN, KIRK H 601 WEST MONROE STREET SPRINGFIELD, IL 62704 <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 exemption stated in Section 119.07(3)(i), 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: **Greg Lauer** **Greg Lauer** **4/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date