

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001109

FILED
Apr 24, 2008
Secretary of State

Entity Name: BOND SAFEGUARD INSURANCE COMPANY

Current Principal Place of Business:

1919 S. HIGHLAND AVNEUE, BLDG A, STE 300
LOMBARD, IL 60148

New Principal Place of Business:

1919 S. HIGHLAND AVNEUE, BLDG A
STE 300
LOMBARD, IL 60148

Current Mailing Address:

10002 SHELBYVILLE RD, STE 100
LOUISVILLE, KY 40223

New Mailing Address:

10002 SHELBYVILLE RD
STE 100
LOUISVILLE, KY 40223

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, DAVID E
Address: 631 SHUTE LANE
City-St-Zip: OLD HICKORY, TN 37138 US

Title: SD () Delete
Name: BUCHANAN, DONALD D
Address: 10000 SHELBYVILLE ROAD, SUITE 100
City-St-Zip: LOUISVILLE, KY 40223 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROSE M CULBERTSON

VP

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date