

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001109

FILED  
Feb 17, 2010  
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:**

900 S FRONTAGE  
STE 250  
WOODRIDGE, IL 60517

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: SD  
Name: BUCHANAN, DONALD D  
Address: 10000 SHELBYVILLE ROAD, SUITE 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: KINION, STEVE W  
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 M CULBERTSON

VP

02/17/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date