

F03000001109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

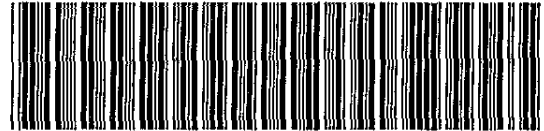
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	Office Use Only DCC
Acknowledgement	DCC
W. P. Verifier	DCC



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03 MAR -6 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cart

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bond Safeguard Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>Ray M. Egan</u>	(Name of Person)	FILED 03 MAR -6 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>Bond Safeguard Insurance Company</u>	(Firm/Company)	
<u>10000 Shelbyville Road, Suite 100</u>	(Address)	
<u>Louisville, KY 40223</u>	(City/State and Zip code)	

For further information concerning this matter, please call:

Ray Egan at (866) 992-6637 (toll free)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

Bond Safeguard Insurance Company
10000 Shelbyville Road, Suite 100
Louisville, Kentucky 40223

February 25, 2003

Ms. Diane Cushing
Corporate Specialist
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Bond Safeguard Insurance Company
Ref. Number W03000004655

Dear Ms. Cushing:

Thank you for your letter dated February 18, 2003. I called the Illinois Secretary of State's office and found that in Illinois insurance companies are regulated only by the Insurance Department, not by the Secretary of State's office.

I called and discussed this with Amy Trader, Illinois Insurance Department, who handles all certified documents. She said that the document I sent you is equivalent to a certificate of existence. She would be happy to discuss this with you, if you would like to call her at (217) 782-5223.

We therefore think you already have the document that you need. Hopefully you will agree, based on how things are handled in Illinois.

Please let me know if that is not the case.

Sincerely,



Ray M. Egan, CPCU
Compliance Consultant
Bond Safeguard Insurance Company
(502) 253-6568
FAX: (502) 253-6570
ray@pattco.net

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR -6 AM 10:50

FILED



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

February 18, 2003

RAY M. EGAN
BOND SAFEGUARD INSURANCE COMPANY
10000 SHELBYVILLE ROAD, SUITE 100
LOUISVILLE, KY 40223

SUBJECT: BOND SAFEGUARD INSURANCE COMPANY
Ref. Number: W03000004655

We have received your document for BOND SAFEGUARD INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The Proper State Official for this Certificate is the Secretary of State's office not the Insurance Dept.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 103A00010585

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

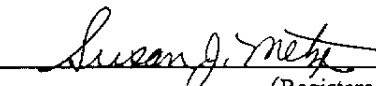
1. Bond Safeguard Insurance Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois 3. 36-2761729
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 15, 1971 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1919 S. Highland Avenue, Building A, Suite 300, Lombard, IL 60148
(Principal office address)
- Same
(Current mailing address)

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TALLAHASSEE, FLORIDA

8. Writing surety bonds
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)
C T Corporation System, Susan J. Metze, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas A. Dieruf
Address: 10000 Shelbyville Road, Suite 100, Louisville, KY 40223

Vice Chairman: _____
Address: _____

Director: David E. Campbell
Address: 404 BNA Drive, Suite 304, Nashville, TN 37217

Director: Donald D. Buchanan
Address: 10000 Shelbyville Road, Suite 100, Louisville, KY 40223

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS

President: David E. Campbell
Address: 404 BNA Drive, Suite 304, Nashville, TN 37217

Vice President: _____
Address: _____

Secretary: Donald D. Buchanan
Address: 10000 Shelbyville Road, Suite 100, Louisville, KY 40223

Treasurer: Thomas A. Dieruf
Address: 10000 Shelbyville Road, Suite 100, Louisville, KY 40223

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Donald D. Buchanan
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Donald D. Buchanan, Secretary and Director
(Typed or printed name and capacity of person signing application)

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



WHEREAS, the BOND SAFEGUARD INSURANCE COMPANY located at LOMBARD in the State of Illinois was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company.

NOW, THEREFORE, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)

(g) of Class 2

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof.

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03 MAR 6 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of my office.

Done at the City of Springfield, this 10th day of December, 2002.

Nat Shapo

Nathaniel S. Shapo
Director