

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001109

**Entity Name:** BOND SAFEGUARD INSURANCE COMPANY

**Current Principal Place of Business:**

12890 LEBANON ROAD  
MOUNT JULIET, TN 37122

**Current Mailing Address:**

10002 SHELBYVILLE RD  
STE 100  
LOUISVILLE, KY 40223

**FEI Number:** 36-2761729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BEGGS, BRIAN J.  
Address        12890 LEBANON ROAD  
City-State-Zip: MOUNT JULIET TN 37122

Title            TREASURER  
Name            LAUER, PHILIP G  
Address        10002 SHELBYVILLE, RD, STE 100  
City-State-Zip: LOUISVILLE KY 40223

Title            SECRETARY  
Name            LURIE, DANIEL S.  
Address        4 MANHATTANVILLE ROAD  
City-State-Zip: PURCHASE NY 10577

Title            DIRECTOR  
Name            DEL COL, JOHN V.  
Address        100 PITTS BAY ROAD  
City-State-Zip: PEMBROKE BERMUDA HM08

Title            DIRE  
Name            KUHN, JOHN A.  
Address        100 PITTS BAY ROAD  
City-State-Zip: PEMBROKE BERMUDA HM08

Title            DIRECTOR  
Name            MCGUIRE, MICHAEL J.  
Address        100 PITTS BAY ROAD  
City-State-Zip: PEMBROKE BERMUDA HM08

Title            DIRECTOR  
Name            OSOFSKY, STANLEY III  
Address        600 CAMPUS DRIVE  
                  4TH FLOOR  
City-State-Zip: FLORHAM PARK NJ 07932

Title            DIRECTOR  
Name            SPARRO, CHRISTOPHER L.  
Address        1221 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

*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:** DANIEL S. LURIE

**SECRETARY**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date