

2022 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 WINDY, LAWRENCE
Address 4 MANHATTANVILLE ROAD
City-State-Zip: PURCHASE NY 10577

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

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

Title DIRECTOR
Name GALLAGHER, CHRISTOPHER B.
Address 100 PITTS BAY ROAD
City-State-Zip: PEMBROKE HM08

Title DIRECTOR
Name GOSHEN, BRIAN W.
Address 3780 MANSELL ROAD
 4TH FLOOR
City-State-Zip: ALPHARETTA GA 30022

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

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date