

**2014 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            CAMPBELL, DAVID E  
Address        12890 LEBANON ROAD  
City-State-Zip: MOUNT JULIET TN 37122

Title            CIO  
Name            CULBERTSON, ROSE  
Address        12890 LEBANON ROAD  
City-State-Zip: MOUNT JULIET TN 37122

Title            CHAIRMAN  
Name            DIERUF, THOMAS A  
Address        10000 SHELBYVILLE ROAD, SUITE  
                  100  
City-State-Zip: LOUISVILLE KY 40223

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

Title            D  
Name            STAMP, ZACHARY L  
Address        601 WEST MONROE STREET  
City-State-Zip: SPRINGFIELD IL 62704

Title            D  
Name            PETERSON, KIRK H  
Address        601 WEST MONROE STREET  
City-State-Zip: SPRINGFIELD IL 62704

Title            VP  
Name            FRITZ, CAROL  
Address        12890 LEBANON ROAD  
City-State-Zip: MOUNT JULIET TN 37122

Title            COO  
Name            KRAHL, CRAIG  
Address        12890 LEBANON ROAD  
City-State-Zip: MOUNT JULIET TN 37122

**Continues on page 2**

*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:** DAVID CAMPBELL

**PRESIDENT**

**04/07/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MCFADDEN, KEVIN  
Address        601 WEST MONROE STREET  
City-State-Zip: SPRINGFIELD IL 62704