

2016 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

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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

03/01/2016

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