

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

BOND SAFEGUARD INSURANCE COMPANY

SCC ID NO: **F1591959**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 900 S. FRONTAGE RD
STE 250

CITY/ST/ZIP: WOODRIDGE, IL 60517-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DAVID E CAMPBELL OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 256 JACKSON MEADOWS DRIVE
 STE 201
 CITY/ST/ZIP/CO: HERMITAGE, TN 37076-

NAME: GREGORY E SEMROW OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 256 JACKSON MEADOWS DRIVE
 STE 201
 CITY/ST/ZIP/CO: HERMITAGE, TN 37076-

NAME: DONALD D BUCHANAN OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 10000 SHELBYVILLE RD
 STE 100
 CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

NAME: THOMAS A DIERUF OFFICER DIRECTOR
 TITLE: CHAIRMAN
 ADDRESS: 10000 SHELBYVILLE RD
 STE 100
 CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

NAME: ZACHARY L STAMP OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 601 WEST MONROE ST
 CITY/ST/ZIP/CO: SPRINGFIELD, IL 62704-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP GREGORY LAUER VICE PRESIDENT 10000 SHELBYVILLE RD STE 100 LOUISVILLE, KY 40223-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSE M CULBERTSON VICE PRESIDENT 10000 SHELBYVILLE STE 100 LOUISVILLE, KY 40223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG KRAHL VICE PRESIDENT 256 JACKSON MEADOWS DRIVE STE 201 HERMITAGE, TN 37076-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL FRITZ VICE PRESIDENT 256 JACKSON MEADOWS DRIVE STE 201 HERMITAGE, TN 37076-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT CANTLON VICE PRESIDENT 256 JACKSON MEADOWS DRIVE STE 201 HERMITAGE, TN 37076-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN J MCFADDEN DIRECTOR 630 SOUTH FARMINGDALE RD NEW BERLIN, IL 62670-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ROSE M CULBERTSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROSE M CULBERTSON, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	<u>4/5/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.