

1.) CORPORATION NAME:

**BOND SAFEGUARD INSURANCE COMPANY**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

SCC ID NO: **F1591959**

**BANK OF AMERICA CENTER  
16TH FLOOR, 1111 EAST MAIN STREET**

5.) STOCK INFORMATION

**RICHMOND, VA 23219**

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	256 JACKSON MEADOWS DRIVE		
CITY/ST/ZIP/CO:	STE 201 HERMITAGE, TN 37076		

NAME:	GREGORY E SEMROW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	256 JACKSON MEADOWS DRIVE		
CITY/ST/ZIP/CO:	STE 201 HERMITAGE, TN 37076		

NAME:	ROSE M CULBERTSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP HR, CIO		
ADDRESS:	10000 SHELBYVILLE STE 100		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223		

NAME:	CAROL LYNN FRITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	256 JACKSON MEADOWS DRIVE STE 201		
CITY/ST/ZIP/CO:	HERMITAGE, TN 37076		

NAME:	TREVOR MARK JURGENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	256 JACKSON MEADOWS DR		
CITY/ST/ZIP/CO:	STE 201 HERMITAGE, TN 37076		

NAME: CRAIG HUNT KRAHL TITLE: VP, COO ADDRESS: 256 JACKSON MEADOWS DRIVE STE 201 CITY/ST/ZIP/CO: HERMITAGE, TN 37076	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANDREW L RENSHAW TITLE: VICE PRESIDENT ADDRESS: 256 JACKSON MEADOWS DR STE 201 CITY/ST/ZIP/CO: HERMITAGE, TN 37076	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: THOMAS A DIERUF TITLE: CHAIRMAN ADDRESS: 10000 SHELBYVILLE RD STE 100 CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PHILIP GREGORY LAUER TITLE: SECRETARY ADDRESS: 10000 SHELBYVILLE RD STE 100 CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEVIN J MCFADDEN TITLE: DIRECTOR ADDRESS: 630 SOUTH FARMINGDALE RD CITY/ST/ZIP/CO: NEW BERLIN, IL 62670	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KIRK H PETERSEN TITLE: DIRECTOR ADDRESS: 601 WEST MONROE ST. CITY/ST/ZIP/CO: SPRINGFIELD, IL 62704	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ZACHARY L STAMP TITLE: DIRECTOR ADDRESS: 601 WEST MONROE ST CITY/ST/ZIP/CO: SPRINGFIELD, IL 62704	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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.		
/s/ DAVID E CAMPBELL	DAVID E CAMPBELL, PRESIDENT	5/7/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
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.		