

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000047036 (3)  
1. Corporation Name  
BRIDGEFIELD EMPLOYERS INSURANCE COMPANY

Principal Place of Business 2310 A-Z PARK RD LAKELAND FL 33801	Mailing Address 2310 A-Z PARK RD LAKELAND FL 33801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1835212	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P D
NAME	BULL, WILLIAM B	1.2 NAME	Bull, William B.
STREET ADDRESS	4524 NUNNSWOOD LANE	1.3 STREET ADDRESS	4524 Nunnswood Lane
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	D	2.1 TITLE	D
NAME	NOOJIN, ROBERT L SR	2.2 NAME	C. C. Dockery
STREET ADDRESS	4802 WOODMERE RD	2.3 STREET ADDRESS	2310 A-Z Park Road
CITY-ST-ZIP	TAMPA FL 33809	2.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D	3.1 TITLE	V T
NAME	PETCOFF, THOMAS S	3.2 NAME	Wall, Russell L.
STREET ADDRESS	1212 KILLS COURT	3.3 STREET ADDRESS	2310 A-Z Park Road
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D	4.1 TITLE	S
NAME	SIEGEL, ROBERT	4.2 NAME	Clarke, Jr., Thomas L.
STREET ADDRESS	9271 SW 59TH ST	4.3 STREET ADDRESS	2310 A-Z Park Road
CITY-ST-ZIP	MIAMI FL 33173	4.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D	5.1 TITLE	
NAME	GARY, JOHN	5.2 NAME	
STREET ADDRESS	1207 S. 8TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BRANCH, GREG C	6.2 NAME	
STREET ADDRESS	1501 SW 42ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



William B. Bull 2-27-98

941-665-6060

CR2E034 (10/97)