


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90243 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000047036

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 <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULL, WILLIAM B	1.2 NAME	
STREET ADDRESS	4524 NUNNSWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOOJIN, ROBERT L SR	2.2 NAME	Dennis J. Langwell
STREET ADDRESS	4802 WOODMERE RD	2.3 STREET ADDRESS	175 Berkeley Road
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	Boston, MA 02117
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETCOFF, THOMAS S	3.2 NAME	David H. Long
STREET ADDRESS	1212 KILLS COURT	3.3 STREET ADDRESS	175 Berkeley Road
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	Boston, MA 02117
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, ROBERT	4.2 NAME	Fredric G. Marziano
STREET ADDRESS	9271 SW 59TH ST	4.3 STREET ADDRESS	175 Berkeley Road
CITY-ST-ZIP	MIAMI FL 33173	4.4 CITY-ST-ZIP	Boston, MA 02117
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY, JOHN	5.2 NAME	Timothy M. Sweeney
STREET ADDRESS	1207 S. 8TH ST	5.3 STREET ADDRESS	175 Berkeley Road
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	Boston, MA 02117
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANCH, GREG C	6.2 NAME	Ricky T. Hodges
STREET ADDRESS	1501 SW 42ND ST	6.3 STREET ADDRESS	2310 A-Z Park Road
CITY-ST-ZIP	OCALA FL 34474	6.4 CITY-ST-ZIP	Lakeland, FL 33801

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, with all other like empowered.

SIGNATURE: William B. Bull William B. Bull, President 4-23-99 941-665-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

537934-90243-Z
#P97000047036

CONTINUATION: P97000047036
BRIDGEFIELD EMPLOYERS INSURANCE COMPANY

VT
Russell L. Wall
2310 A-Z Park Road
Lakeland, FL 33801

V
David T. Cederholm
2310 A-Z Park Road
Lakeland, FL 33801

S
Thomas L. Clarke, Jr.
2310 A-Z Park Road
Lakeland, FL 33801