

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047036

FILED
Apr 26, 2012
Secretary of State

Entity Name: BRIDGEFIELD EMPLOYERS INSURANCE COMPANY

Current Principal Place of Business:

2310 COMMERCE POINT DR
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

2310 COMMERCE POINT DR
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-1835212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: PEIRCE, CHRISTOPHER L
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: CFOD
Name: MOITOSO, MARK J
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: D
Name: SIPE, CAROL P
Address: 175 BERKLEY ST.
City-St-Zip: BOSTON, MA 02116

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: D
Name: TORTORELLA, RALPH III
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, FL 02116

Title: SECD
Name: LEGG, DEXTER R
Address: 175 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

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: DEXTER R. LEGG

SEC

04/26/2012

Electronic Signature of Signing Officer or Director

Date