

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073794

Entity Name: BRIDGEFIELD CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**2310 COMMERCE POINT DR
LAKELAND, FL 33801**Current Mailing Address:**2310 COMMERCE POINT DRIVE
LAKELAND, FL 33801 US**FEI Number:** 59-3269531**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | PRESIDENT |
| Name | SIPE, CAROL P |
| Address | 2310 COMMERCE POINT DRIVE |
| City-State-Zip: | LAKELAND FL 33801 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | MERCURIO, TONY |
| Address | 301 E. FOURTH STREET |
| City-State-Zip: | CINCINNATI OH 45202 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR, CHAIRMAN |
| Name | GRUBER, GARY J |
| Address | 301 E. FOURTH STREET |
| City-State-Zip: | CINCINNATI OH 45202 |

| | |
|-----------------|-------------------------|
| Title | DIRECTOR, VC |
| Name | SULLIVAN, MICHAEL E JR. |
| Address | 301 E. FOURTH STREET |
| City-State-Zip: | CINCINNATI OH 45202 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR, TREASURER |
| Name | WITZGALL, DAVID J |
| Address | 301 E. FOURTH STREET |
| City-State-Zip: | CINCINNATI OH 45202 |

| | |
|-----------------|---------------------------|
| Title | VP, CFO |
| Name | SMYTH, PATRICK |
| Address | 2310 COMMERCE POINT DRIVE |
| City-State-Zip: | LAKELAND FL 33801 |

| | |
|-----------------|----------------------|
| Title | SECRETARY |
| Name | FELVUS, MATTHEW D |
| Address | 301 E. FOURTH STREET |
| City-State-Zip: | CINCINNATI OH 45202 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | GILLIS, MICHELLE A |
| Address | 301 E. FOURTH STREET |
| City-State-Zip: | CINCINNATI OH 45202 |

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: CAROL P. SIPE

PRESIDENT

04/15/2022

Electronic Signature of Signing Officer/Director Detail

Date