

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047036

Entity Name: BRIDGEFIELD EMPLOYERS INSURANCE COMPANY**Current Principal Place of Business:**2310 COMMERCE POINT DRIVE
LAKELAND, FL 33801**Current Mailing Address:**2310 COMMERCE POINT DRIVE
LAKELAND, FL 33801 US**FEI Number: 59-1835212****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
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 D, PRESIDENT
Name SIPE, CAROL P
Address 2310 COMMERCE POINT DRIVE
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BRICHLER, RONALD J
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 CONWAY, DAVID J
Address 2310 COMMERCE POINT DRIVE
City-State-Zip: LAKELAND FL 33801

Title SECRETARY
Name ERHART, SUE 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****03/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date