

**2019 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:** No**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            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

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****03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date