#### 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047036

Entity Name: BRIDGEFIELD EMPLOYERS INSURANCE COMPANY

FILED Apr 28, 2014 Secretary of State CC7455434093

### **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

Date

#### Officer/Director Detail:

Title	D, PRESIDENT	Title	DIRECTOR
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NameSIPE, CAROL PNameBRICHLER, RONALD JAddress2310 COMMERCE POINT DRIVEAddress301 E. FOURTH STREETCity-State-Zip:LAKELAND FL 33801City-State-Zip:CINCINNATI OH 45202

Title DIRECTOR, CHAIRMAN Title DIRECTOR

NameGRUBER, GARY JNameLARON, DONALD DAddress301 E. FOURTH STREETAddress301 E. FOURTH STREETCity-State-Zip:CINCINNATI OH 45202City-State-Zip:CINCINNATI OH 45202

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

Title VP, CFO Title SECRETARY
Name CONWAY, DAVID J Name ROSEN, EVE C

Address 2310 COMMERCE POINT DRIVE Address 301 E. FOURTH STREET

City-State-Zip: LAKELAND FL 33801 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 04/28/2014