Electronic Signature of Signing Officer/Director Detail

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: MATTHEW D FELVUS

04/26/2023 SECRETARY, BY JON-MICHAEL SANCHEZ, ATTORNEY-IN-FACT

Continues on page 2

SIGNATURE:

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.

| Title | PRESIDENT | Title | DIRECTOR |
|-----------------|-----------------------------|-----------------|------------------------|
| Name | SIPE, CAROL P | Name | MERCURIO, TONY |
| Address | 117 N. MASSACHUSETTS AVENUE | Address | 3250 INTERSTATE DRIVE |
| City-State-Zip: | LAKELAND FL 33801 | City-State-Zip: | RICHFIELD OH 44286 |
| Title | DIRECTOR, VC | Title | TREASURER |
| Name | SULLIVAN, MICHAEL E JR. | Name | GARDNER, ANNETTE D. |
| Address | 301 E. FOURTH STREET | Address | 301 E. FOURTH STREET |
| City-State-Zip: | CINCINNATI OH 45202 | City-State-Zip: | CINCINNATI OH 45202 |
| Title | VP, CFO | Title | SECRETARY |
| Name | SMYTH, PATRICK J | Name | FELVUS, MATTHEW D |
| Address | 117 N. MASSACHUSETTS AVENUE | Address | 301 E. FOURTH STREET |
| City-State-Zip: | LAKELAND FL 33801 | City-State-Zip: | CINCINNATI OH 45202 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | GILLIS, MICHELLE A | Name | HERTZMAN, BRIAN S. |
| Address | 301 E. FOURTH STREET | Address | 301 EAST FOURTH STREET |
| City-State-Zip: | CINCINNATI OH 45202 | City-State-Zip: | CINCINNATI OH 45202 |

Name and Address of Current Registered Agent:

TALLAHASSEE, FL 32399-0000 US

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047036

Entity Name: BRIDGEFIELD EMPLOYERS INSURANCE COMPANY

Current Principal Place of Business:

117 N. MASSACHUSETTS AVE LAKELAND. FL 33801

Current Mailing Address:

P.O. BOX 988 LAKELAND. FL 33802-0988 US

FEI Number: 59-1835212

Officer/Director Detail :

Electronic Signature of Registered Agent

CHIEF FINANCIAL OFFICER 200 E. GAINES ST

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

| Title | DIRECTOR, CHAIRMAN | | |
|-----------------|--------------------------|--|--|
| Name | THOMPSON, JR., DAVID L. | | |
| Address | 117 N. MASSACHUSETTS AVE | | |
| City-State-Zip: | LAKELAND FL 33801 | | |