

2015 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	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
Name	LARON, DONALD D
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	ROSEN, EVE C
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****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date