

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000073794**

1. Entity Name

BRIDGEFIELD CASUALTY INSURANCE COMPANY

Principal Place of Business

2310 A-Z PARK ROAD
LAKELAND FL 33801

Mailing Address

2310 A-Z PARK ROAD
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3269531**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BULL, WILLIAM B	
STREET ADDRESS	3622 GROVE TERRACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, ALLEN C.	
STREET ADDRESS	2310 A-Z PARK ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CEDERHOLM, DAVID T.	
STREET ADDRESS	4250 CREEKWOOD LANE	
CITY-ST-ZIP	MULBERRY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WALL, RUSSELL L	
STREET ADDRESS	2936 FOREST DR.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, RICKY T.	
STREET ADDRESS	2310 A-Z PARK ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger L. Jean	
STREET ADDRESS	175 Berkeley Road	
CITY-ST-ZIP	Boston, MA 02117	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen C. Bennett	
STREET ADDRESS	2310 A-Z Park Road	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. O'Halloran	
STREET ADDRESS	2310 A-Z Park Road	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis J. Langwell	
STREET ADDRESS	175 Berkeley Road	
CITY-ST-ZIP	Boston, MA 02117	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ricky T. Hodges	
STREET ADDRESS	2310 A-Z Park Road	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy J. Leddy	
STREET ADDRESS	175 Berkeley Road	
CITY-ST-ZIP	Boston, MA 02117	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricky T. Hodges, President

04-01-01 863-665-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0377404

BRIDGEFIELD CASUALTY INSURANCE COMPANY

641631
attachment
D# P9400007794

DS

Honore J. Fallon
175 Berkeley Road
Boston, MA 02117

V

Gary Ostrow
175 Berkeley Road
Boston, MA 02117

D

Forrest H. Johnson
175 Berkeley Road
Boston, MA 02117

Ass't S

Thomas L. Clarke, Jr.
2310 A-Z Park Road
Lakeland, FL 33801

D

Charles B. Ruzicka
175 Berkeley Road
Boston, MA 02117

D

Mark E. Fiebrink
175 Berkeley Road
Boston, MA 02117

D

William G. Mersch
175 Berkeley Road
Boston, MA 02117

DT

John D. Hanselman
2310 A-Z Park Road
Lakeland, FL 33801

VD

Carol P. Sipe
2310 A-Z Park Road
Lakeland, FL 33801

V

Allen C. Bennett
2310 A-Z Park Road
Lakeland, FL 33801