CR2E034 (9/01)

## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am DOCUMENT # P94000073794 Secretary of State 1. Entity Name 04-09-2002 90078 003 \*\*\*150.00 BRIDGEFIELD CASUALTY INSURANCE COMPANY Principal Place of Business Mailing Address 2310 A-Z PARK ROAD 2310 A-Z PARK ROAD B0061448 LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3269531 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STATE TREASURER AND INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BLDG. TALLAHASSEE FL 32399-0300 City 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME JEAN, ROGER L NAME STREET ADDRESS 175 BERKELEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02117** TITLE Delete TITI F ☐ Change ☐ Addition NAME BENNETT, ALLEN C. STREET ADDRESS STREET ADDRESS 2310 A-Z PARK ROAD CITY-ST-ZIP CITY-ST-ZIP LAKELAND' FL TITLE DΡ Delete ☐ Change ☐ Addition NAME HODGES, RICKEY T NAME STREET ADDRESS 2310 A-Z PARK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakeland FL 33801 TITLE Delete TITLE ☐ Change ☐ Addition NAME O'HALLORAN, ROBERT NAME STREET ADDRESS STREET ADDRESS 2310 A-Z PARK ROAD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 TITLE Delete TITLE ☐ Change ☐ Addition NAME langwell, Dennis J NAME STREET ADDRESS 175 BERKELEY ROAD STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02117** CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME LEDDY, AMY J NAME STREET ADDRESS 175 BERKELEY ROAD STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02117** CITY-ST-ZIP 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, Pres./Director

SIGNATURE: SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02 863-665-6060

Daytims Phone #

Attachment 60061448 Document # P94000073794

## BRIDGEFIELD CASUALTY INSURANCE COMPANY

AS/D

(Change)

S

(Change)

Honore J. Fallon 175 Berkeley Road Boston, MA 02117

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

D

Forrest H. Johnson 175 Berkeley Road Boston, MA 02117 D

Mark E. Fiebrink 175 Berkeley Road Boston, MA 02117

D

Charles B. Ruzicka 175 Berkeley Road Boston, MA 02117 AS

(Addition)

Deborah A. Giss 175 Berkeley Road Boston, MA 02117

D

William G. Mersch 175 Berkeley Road Boston, MA 02117 AS

(Addition)

James R. Pugh 175 Berkeley Road Boston, MA 02117

D/VP/T

(Additional Office)

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

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V/D

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

V

Gary Ostrow 175 Berkeley Road Boston, MA 02117