

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000073794

**Entity Name:** BRIDGEFIELD CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**117 N. MASSACHUSETTS AVE  
LAKELAND, FL 33801**Current Mailing Address:**117 N. MASSACHUSETTS AVE  
LAKELAND, FL 33801 US**FEI Number:** 59-3269531**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
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            PRESIDENT  
Name            SIPE, CAROL P  
Address        117 N. MASSACHUSETTS AVE  
City-State-Zip: LAKELAND FL 33801

Title            TREASURER  
Name            GARDNER, ANNETTE D.  
Address        301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title            SECRETARY  
Name            FELVUS, MATTHEW D  
Address        301 E. FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

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

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

Title            VP, CFO  
Name            SMYTH, PATRICK  
Address        117 N. MASSACHUSETTS AVE  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            GILLIS , MICHELLE A.  
Address        301 E, FOURTH STREET  
City-State-Zip: CINCINNATI OH 45202

Title            DIRECTOR  
Name            MERCURIO , ANTHONY J.  
Address        3250 INTERSTATE DRIVE  
City-State-Zip: RICHFIELD OH 44286

**Continues on page 2**

*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:** FELVUS , MATTHEW DSECRETARY BY, ANA  
DUTEAU, ATTORNEY-IN-  
FACT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	HERTZMAN, BRIAN S.
Address	301 EAST FOURTH STREET
City-State-Zip:	CINCINNATI OH 45202