#### FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION O	F CORPORATIONS		
DOCU	MENT # 80838	7 (5)			
·	IFIELD INSURANCE COMPA	NY			
Principal Plac	e of Business	Making Andress			
ONE PARK		ONE PARK CIRCLE			
P.O. BOX 5001 WESTFIELD CENTER OH 44251-5001		P.O. BOX 5001 WESTFIELD CENTER	OH 44361 E001		
		WESTFIELD CENTER ON 44251-3001		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		11/15/1950 4. FEI Number	03/01/1995
21		26		34-6516838	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	te	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zφ	Country	8. This corporation has liability for in	
24	9. Name and Address of Curren	1 Registered Apont	30	Fiorida Statutes 🔲 Yes	□ No
	o. Hame the Address of Carlett	rregistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
INSURANCE COMMISSIONER THE CAPITOL					
			82 Street Add	ress (P.O. Box Number is Not Acceptable	)
TALLA	HASSEE FL 32301		83		
			84 City		<b>85</b> Zip Code
11. Pursuant	to the provisions of Sections 607 0600	and 607 1608. Uselide State		ration submits this statement for the purp	F-1 ! ! '
or registe familiar w	red agent, or both, in the State of Florid	ta. Such change was authoriz	es, the above harned corpored by the corporation's boa	ration submits this statement for the purp rd of directors. Thereby accept the appoi	ose of changing its registered office   ntment as registered agent. I am
SIGNATURE			s.		
	Styriating types, or protectina neighbors street aspirals		P.L. Boyottes Agent a grating or ques		tw.f
12. TITLE	OFFICERS AND	DISECTORS DELFTE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME	BROICH, LARRY D	L.J Dett 12	1.2 NAME		ERS AND DIRECTORS IN 12 Change X Addition  44251
STREET ADDRESS	8994 POMANDER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTFIELD CENTER OH		1.4 SHY IST-ZIF		44251
TITLE	VT	☐ DELETE	2.13006		Change 🛣 Addition
NAME OFFICE A DODGOOD	BOSSHARD, OTTO		2.2 NAME		·
STREET ADDRESS  CITY-ST-ZIP	6666 GREENWICH RD WESTFIELD CENTER OH		2.3 STREET ADURESS		
THE	DP DE TELE OFFICE OFFI	DELETE	2.4 CFY - S1 - 7F2 3.1 HTLE		44251 Change <b>K</b> Add tice
NAME	BLAIR, R.C.		3.2 NAM!		Change K Addition
STREET ADDRESS	3382 HARDWOOD HOLLOW		3.3 STREET ADDRESS		
CITY - ST - ZIF	MEDINA OH		3.4 CHY+\$1. ZIF		44256
TIFLE	VS DIOKEDING T. I.	DELE HE	4 (3)(6)		Change <b>K</b> ) Addition
NAME STOCK LANDRESS	PICKERING, T. H. 6711 MCVAY DR		4.2 NAME		
STREET ADDRESS CHIM-ST-ZIP	WESTFIELD CENTER OH		4.3 STREET ACCORESS		
Ti'tf	V	T] DELETE	44 CH v - ST ZIP 5 1 H/LE		
NAME	DAUGHERTY, A. KENT		5.2 NAME		C o range
STREET ADDRESS	1095 SOUTHPORT DR		5.3 STREET ADDRESS		
CITY-S1-ZIP	MEDINA OH		5.4 C(TY-S)   Z(P)		44256
THE		DETEIF	6 11111		Change Addition
NAME CINCET ALCORECC			6.2 NAME		
STREET ADDRESS CITY+S1-ZIP			6.3.STR/ET ADDRESS		
OL 1 - 31 - 71"	L		6.4 CiTY+S1+ZiP		

14. Ido hereby certify that the information supplied with this filing is voluntarly furnished and opes not qualify for the exemption stated in Section 119.07(3)(k). Froida Statutes. I further certify that the information indicated on this arrusd report or supplemental annual 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 trusted empowered to execute this report as required by Onapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

COBC SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary C. Gamble, Sr. Vice President

February 15, 1996 216-887-0275 (into Distance Fit one: #

# WESTFIELD INSURANCE COMPANY

## Addendus

Officers

Ω × α Ω × α	C. Gamble W. McManus	Sr. Vice President Sr. Vice President	2677 Star Lane, Wadsworth, OH 44281 204 Beth Drive, Seville, OH 44273
	. Songles . Adornetto	or. vice frestaent Vice President	432 WOLL AVERHES, MALEWOLLH, ON 44251 9423 Congress Road, Homerville, OH 44325
	. Boyer	Vice President	8799 North Leroy Road, Box 285, Westfield Center, OH 44251
	. Boyle	Vice President	9175 S. Leroy Road, Box 138, Westfield Center, OH 44251
	. Chapman	Vice President	5609 Champion Creek Blvd., Medina, OH 44256
	. Cochran	Vice President	4646 North Ridge Road, Akron, OH 44333
		and Controller	
	. Critchfield	Vice President	306 Dobner, Wadsworth, OH 44281
	. DeHaan	Vice President	6680 Arlington Drive, Box 412, Westfield Center, OH 44251
	. Ehret	Vice President	8794 Concord Drive, Box 664, Westfield Center, OH 44251
	. Glazer	Vice President	1140 Forest Glen Road, Westerville, OH 43081
	. Grimm	Vice President	487 Wolf Avenue Ext., Wadsworth, OH 44281
	. Наупаш	Vice President	8809 North Leroy Road, Box 424, Westfield Center, OH 44251
	. Hochradel	Vice President	4693 Salems Way, Medina, OH 44256
	. Johnson	Vice President	455 Barrenwood Street, Wadsworth, OH 44281
	. Kranstuber	Vice President	6535 Smucker Drive, Box 195, Westfield Center, OH 44251
	. Mandley	Vice President	6600 Smucker Drive, Box 236, Westfield Center, OH 44251
	. McQuattie	Vice President	602 South Court Street, Medina, OH 44256
	. Neeson	Vice President	8845 North Leroy Road, Box 13, Westfield Center, OH 44251
	. Niese, Jr.	Vice President	833 Woodhaven Lane, Medina, OH 44256
	. Orr	Vice President	103 Pleasant View Drive, Medina, OH 44256
	. Saltz, Jr.	Vice President	373 Brookpoint Circle, Wadsworth, OH 44281
	. Schaefer	Vice President	653 Red Rock Drive, Wadsworth, OH 44281
	. Scott	Vice President	8778 North Leroy Road, Box 83, Westfield Center, OH 44251
	. Shumaker	Vice President	6700 Arlington Drive, Box 207, Westfield Center, OH 44251D.
D. L	L. Sides	Vice President	47 Oakwood Drive, Box 14, Westfield center, OH 44251
	C=++	Vice Dresident	41 Hortford Drive Medine, OH 44256

41 Hartford Drive, Medina, OH 44256 54 Oakwood Drive, Box 104, Westfield Center, OH 44251

Vice President Vice President Vice President Vice President

Sides Smith 1134 Partridge Drive, Wadsworth, OH 44281

### Directors

G. Stahl G. Van Eck

Richard H. LeSourd, Jr. Thomas E. Workman Eugene A. Buehler Donald M. Wilder Martin J. Murphy Gary D. Hallman David B. Jones John A. Root

9397 Midnight Pass Road, P.H. 4, Sarasota, FL 34242 1101 Hillcreek Lane, Gates Mills, OH 44044 820 Lindenwood Lane, Medina, OH 44256 836 South Court Street, Medina, OH 44256 1635 Linwood Drive, Wooster, OH 44691 46 Oakwood, Westfield Center, OH 44251 134 Ashbourne Road, Bexley, OH 43209 325 Winding Trail, Xenia, OH 45385

#### EXHIBIT E

#### CONSENT AND AGREEMENT IN RE SERVICE OF PROCESS UNDER THE LAWS OF FLORIDA

State of	Ohio	_}
		} ss.
County of	Medina	_}
Know A	III Men by These Prese	ents, That the Westfield Insurance Company
ofWestfield	d Center, Ohio	, an insurer or other entity subject to the statutory agent
for service of pro Laws of any court having the plaintiff may Florida, hereby binding upon thi other duly autho consent and agre of action with designate ofOne Park as the name a Commissioner is	ocess provisions of the I Ohio, a jurisdiction in any Co reside, by the service stipulating and agreeing insurer or other entity orized and accredited ocement is and shall remain this State, either Thomas H. Pick Circle, Post Officiand address of the period of the per	does hereby agree and consent that actions may be commenced against it in unty in the State of Florida, in which a cause of action may arise, or in which of process upon the Treasurer and Insurance Commissioner of the State of g that such service shall be taken and held in all Courts to be as valid and as if personal service had been made upon the President or Secretary, or any flicer thereof. The undersigned hereby further agrees and stipulates that this nain irrevocable, so long as there is liability, under any policy, claim or cause fixed or contingent. Said insurer or other entity does hereby kering. Sr. Vice President and Secretary e Box 5001, Westfield Center, Ohio 44251-5001 son to whom process against it served upon said Treasurer and Insurance the event of a change in the designation of the person to whom process is to
Commissioner.		shall immediately file a new Consent and Agreement form with the Insurance
In Witne have hereunto s February	set our hands and af	sident or Chief Executive Officer and Secretary of said insurer or other enuty. fixed the seal of said insurer or other entity on this <u>15th</u> day of <u>96</u> .
		R. Cary Blair, President and CEO
		President or Chief Executive Officer (Typed
		Thomas H. Pickering
		Secretary (Typed)
SEAL		By:
		President or Chief Executive Officer (Signature)
		Secretary (Signature)

The foregoing agreement must be accompanied by a duly certified copy of the order or resolution of the Board of Directors of the company, association or society, or other entity regulated by Florida Insurance Code, authorizing the President and Secretary to execute the same for and on behalf of the corporation.

#### CONSENT OF PERSON TO WHOM PROCESS IS TO BE FORWARDED

The undersigned hereby consents and agrees to be the person to whom process against the above company, served upon the Treasurer and Insurance Commissioner, may be forwarded.

DI4-144 rev. 11/90

(Signature) Thomas H. Pickering

#### RESOLUTION FORM

I HEREBY CERTIFY that the following resolution v	vas adopted by the entire Board of Directo	ors of
Westfield Insurance	Company	<del></del>
		<del></del>
at a meeting held by the Board of Directors of the Company	on the 13th day of April	, 19 <u>_93</u>
"RESOLVED, that the President or Chief E corporation be and they are hereby authorize corporation, the attached Consent and Agreen Laws of Florida."	ed to execute, for and on behalf of this	
Corporate Seal;	·	
		ebruary 15, 1996 Date
	Secretary Thomas H. Mckerin	ebruary 15, 1996 Pate

Westfield Insurance Company is domiciled in Ohio which is an NAIC accredited state. Ohio has holding company disclosure requirements and standards similar to those of Florida.