

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 808387 (5)

1. Corporation Name
WESTFIELD INSURANCE COMPANY

Principal Place of Business
ONE PARK CIRCLE
P.O. BOX 5001
WESTFIELD CENTER OH 44251-5001

Mailing Address
ONE PARK CIRCLE
P.O. BOX 5001
WESTFIELD CENTER OH 44251-5001



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1950	3a. Date of Last Report 03/04/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 34-6516838		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

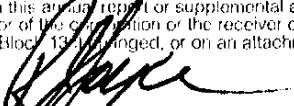
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	BROICH, LARRY D	1.2 NAME	
STREET ADDRESS	8994 POMANDER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	WESTFIELD CENTER OH	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	BOSSHARD, OTTO	2.2 NAME	
STREET ADDRESS	6666 GREENWICH RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WESTFIELD CENTER OH	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	☒ Change ☐ Addition
NAME	BLAIR, R.C.	3.2 NAME	
STREET ADDRESS	3382 HARDWOOD HOLLOW	3.3 STREET ADDRESS	
CITY - ST - ZIP	MEDINA OH	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	PICKERING, T. H.	4.2 NAME	
STREET ADDRESS	6711 MCVAY DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	WESTFIELD CENTER OH	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	DAUGHERTY, A. KENT	5.2 NAME	
STREET ADDRESS	1095 SOUTHPORT DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	MEDINA OH	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: 
Robert J. Joyce, Senior Vice President

Feb. 14, 1997 (330) 887-6459

CR2E034 (9/96)