2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# 808387

Entity Name: WESTFIELD INSURANCE COMPANY

Current Principal Place of Business:

ONE PARK CIRCLE
WESTFIELD CENTER, OH 442515001

New Principal Place of Business:

Current Mailing Address:

ONE PARK CIRCLE
WESTFIELD CENTER, OH 442515001

New Mailing Address:

FEI Number: 34-6516838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete
Name: JOYCE, ROBERT J
Address: 6478 FOXGLOVE DRIVE
City-St-Zip: MEDINA, OH 44256

Title: PRES ( ) Delete
Name: MCMANUS, ROGER W
Address: 8801 VIRGINIA DR
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: SE ( ) Delete
Name: CLAY, JAMES R
Address: 6661 SMUCKER DRIVE
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: SE ( ) Delete
Name: DAUGHERTY, A. KENT,
Address: 4120 FOX MEADOW DR
City-St-Zip: MEDINA, OH

Title: CFOT ( ) Delete
Name: KRISOWATY, ROBERT
Address: 8655 VIRGINIA DRIVE
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: SEC ( ) Delete
Name: CARRINO, FRANK A
Address: 3564 OLD HICKORY LANE
City-St-Zip: MEDINA, OH 44256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change ( ) Addition
Name: MCMANUS, ROGER W
Address: 8801 VIRGINIA DR
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: PRES (X) Change ( ) Addition
Name: CLAY, JAMES R
Address: 6661 SMUCKER DRIVE
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK CARRINO SEC 01/31/2008

Electronic Signature of Signing Officer or Director — Date