

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandell B. Michaud  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 819731 (1)

1. Corporate Name

WESTFIELD LIFE INSURANCE COMPANY

Principal Place of Business

ONE PARK CIRCLE  
P.O. BOX 5001  
WESTFIELD CENTER OH 44251-2001

Mailing Address

ONE PARK CIRCLE  
P.O. BOX 5001  
WESTFIELD CENTER OH 44251-2001



2. Principal Place of Business

2a. Mailing Address

|    |                   |    |                   |
|----|-------------------|----|-------------------|
| 21 | State, Apt., etc. | 26 | State, Apt., etc. |
| 22 | City & State      | 27 | City & State      |
| 23 | Zip               | 28 | Zip               |
| 24 | Country           | 29 | Country           |
| 25 |                   | 30 |                   |

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

3. Date Incorporated or Created  
07/20/1966

3a. Date of Last Report  
03/02/1995

4. FEI Number  
34-0909839

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,  
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.06(3), Florida Statutes, the above named corporation adopts 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 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                      |          |
|----------------|----------------------|----------|
| NAME           | V BROICH, LARRY D    | [ ] DEFE |
| STREET ADDRESS | 8994 POMANDER DRIVE  |          |
| CITY, ST, ZIP  | WESTFIELD CENTER OH  |          |
| NAME           | VS PICKERING, T H    | [ ] DEFE |
| STREET ADDRESS | 6711 MCWAY DR        |          |
| CITY, ST, ZIP  | WESTFIELD CENTER OH  |          |
| NAME           | VP LINNEN, JEROME T  | [ ] DEFE |
| STREET ADDRESS | 6555 SMUCKER DRIVE   |          |
| CITY, ST, ZIP  | WESTFIELD CENTER OH  |          |
| NAME           | SVP GAMBLE, G. C     | [ ] DEFE |
| STREET ADDRESS | 2677 STAR LN         |          |
| CITY, ST, ZIP  | WADSWORTH OH         |          |
| NAME           | VT BOSSHARD, OTTO    | [ ] DEFE |
| STREET ADDRESS | 6666 GREENWICH RD    |          |
| CITY, ST, ZIP  | WESTFIELD CENTER OH  |          |
| NAME           | DP BLAIR, R. C.      | [ ] DEFE |
| STREET ADDRESS | 3382 HARDWOOD HOLLOW |          |
| CITY, ST, ZIP  | MEDINA OH            |          |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |            |              |
|----------------|------------|--------------|
| NAME           | [ ] Change | [ ] Addition |
| STREET ADDRESS |            |              |
| CITY, ST, ZIP  |            |              |
| NAME           | [ ] Change | [ ] Addition |
| STREET ADDRESS |            |              |
| CITY, ST, ZIP  |            |              |
| NAME           | [ ] Change | [ ] Addition |
| STREET ADDRESS |            |              |
| CITY, ST, ZIP  |            |              |
| NAME           | [ ] Change | [ ] Addition |
| STREET ADDRESS |            |              |
| CITY, ST, ZIP  |            |              |
| NAME           | [ ] Change | [ ] Addition |
| STREET ADDRESS |            |              |
| CITY, ST, ZIP  |            |              |
| NAME           | [ ] Change | [ ] Addition |
| STREET ADDRESS |            |              |
| CITY, ST, ZIP  |            |              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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, but I am an officer or director of the corporation or the person or persons responsible for the preparation of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

*Gary C. Gamble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sr. Vice President 2/15/96 (216)887-0275

CR2E034 (12/95)

WESTFIELD LIFE INSURANCE COMPANY

Addendum

Officers

R. W. McManus  
R. D. Sondles

Sr. Vice President  
Sr. Vice President

204 Beth Drive, Seville, OH 44273  
432 Wolf Avenue, Wadsworth, OH 44281

B. R. Cochran

Vice President &  
Controller

4646 North Ridge Road, Akron, OH 44333

P. E. Ehret

Vice President

8794 Concord Drive, Box 664, Westfield Center, Ohio 44251

B. A. Hochradel

Vice President

4693 Salems Way, Medina, OH 44256

G. E. Mandley

Vice President

6600 Smucker Drive, Box 236, Westfield Center, OH 44251

K. A. Marti

Vice President

1229 Pennyroyal Circle, Medina, OH 44256

Directors

Eugene A. Buehler

1635 Linwood Drive, Wooster, OH 44691

Gary D. Hallman

836 South Court Street, Medina, OH 44256

David B. Jones

9397 Midnight Pass Road, P.H. 4, Sarasota, FL 34242

Richard H. LeSourd, Jr.

325 Winding Trail, Xenia, OH 45385

Martin J. Murphy

1101 Hillcreek Lane, Gates Mills, OH 44044

John A. Root

820 Lindenwood Lane, Medina, OH 44256

Donald M. Wilder

46 Oakwood, Westfield Center, OH 44251

Thomas E. Workman

134 Ashbourne Road, Bexley, OH 43209

LGA252-Florida

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