

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 07 1997 8:00am
Secretary of State

DOCUMENT # 819731 (1)
1. Corporation 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 44251-5001



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1966	3a. Date of Last Report 03/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 34-0909839		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	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROICH, LARRY D	1.2 NAME	
STREET ADDRESS	8994 POMANDER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CENTER OH	1.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PICKERING, T H	2.2 NAME	
STREET ADDRESS	6711 MCVAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CENTER OH	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	V ☐ Change ☐ Addition
NAME	LINNEN, JEROME T	3.2 NAME	
STREET ADDRESS	6555 SMUCKER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CENTER OH	3.4 CITY-ST-ZIP	
TITLE	SVP ☐ DELETE	4.1 TITLE	V ☐ Change ☐ Addition
NAME	GAMBLE, G. C	4.2 NAME	
STREET ADDRESS	2877 STAR LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	WADSWORTH OH	4.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOSSHARD, OTTO	5.2 NAME	
STREET ADDRESS	8866 GREENWICH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CENTER OH	5.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BLAIR, R. C.	6.2 NAME	
STREET ADDRESS	3382 HARDWOOD HOLLOW	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	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 if changed, or on an attachment with an address.

SIGNATURE: _____ Sr. Vice President 2/14/97 (330)887-6459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert J. Joyce

Date Daytime Phone #

0479118

CR2E034 (9/96)

WESTFIELD LIFE INSURANCE COMPANY

Addendum

Officers

R. W. McManus	Executive Vice President	204 Beth Drive, Seville, OH 44273
R. D. Sondles	Executive Vice President	673 Tamarac Trail, Wadsworth, OH 44281
B. R. Cochran	Vice President & Controller	4646 North Ridge Road, Akron, OH 44333
R. J. Joyce	Vice President	1151 Shadow Oak Drive, Malvern, PA 19355
P. E. Ehret	Vice President	8794 Concord Drive, Box 664, Westfield Center, Ohio 44251
G. E. Mandley	Vice President	6600 Smucker Drive, Box 236, Westfield Center, OH 44251
K. A. Marti	Vice President	1229 Penn,royal Circle, Medina, OH 44256

Directors

Eugene A. Buehler	2211 Linwood Court, 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	3539 Hunting Run, Medina, OH 44256
Donald M. Wilder	46 Oakwood, Westfield Center, OH 44251
Thomas E. Workman	134 Ashbourne Road, Bexley, OH 43209

LGA252-Florida