2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# P05433

Entity Name: WESTFIELD NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

ONE PARK CIRCLE
WESTFIELD CENTER, OH 442515001 US

New Principal Place of Business:

Current Mailing Address:

ONE PARK CIRCLE
WESTFIELD CENTER, OH 442515001 US

New Mailing Address:

FEI Number: 34-1022544 **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

OFFICERS AND DIRECTORS:

Title: CEO
Name: CLAY, JAMES R
Address: 6661 SMUCKER DRIVE
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: PRES
Name: LARGENT, EDWARD J III
Address: 285 CATAWBA PATH
City-St-Zip: DOYLESTOWN, OH 44230

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

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

Title: SE
Name: BESHIRE, BAMBI A
Address: 6775 BALLASH ROAD
City-St-Zip: MEDINA, OH 44256

I hereby 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 all other like empowered.

SIGNATURE: FRANK A. CARRINO SEC 02/10/2011

Electronic Signature of Signing Officer or Director — Date