2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2023
Secretary of State
3713322052CC

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Entity Name: WESTFIELD INSURANCE COMPANY

Current Principal Place of Business:

ONE PARK CIRCLE
PO BOX 5001
WESTFIELD CENTER, OH 44251-5001

Current Mailing Address:

ONE PARK CIRCLE
PO BOX 5001
WESTFIELD CENTER, OH 44251-5001 US

FEI Number: 34-6516838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title	PRESIDENT, CEO, DIRECTOR	Title	TRE
Name	LARGENT, EDWARD JIII	Name	KOHMANN, JOSEPH C
Address	ONE PARK CIRCLE PO BOX 5001	Address	ONE PARK CIRCLE PO BOX 5001
City-State-Zip:	WESTFIELD CENTER OH 44251	City-State-Zip:	WESTFIELD CENTER OH 44251
Title	SEC	Title	DIRECTOR
Name	CARRINO, FRANK	Name	BUFKIN, BARBARA
Address	ONE PARK CIRCLE PO BOX 5001	Address	ONE PARK CIRCLE PO BOX 5001
City-State-Zip:	WESTFIELD CENTER OH 44251	City-State-Zip:	WESTFIELD CENTER OH 44251

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 CARRINO SECRETARY 03/01/2023

Electronic Signature of Signing Officer/Director Detail — Date