

1.) CORPORATION NAME:

Westfield National Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **11/30/2011**

SCC ID NO: **F1842261**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE PARK CIRCLE

CITY/ST/ZIP: WESTFIELD CENTER, OH 44251-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DR. FARIBORZ GHADAR
TITLE: DIRECTOR
ADDRESS: 2029 CONNECTICUT AVENUE NW APT 21
CITY/ST/ZIP/CO: WASHINGTON, DC 20008-
 OFFICER DIRECTOR

NAME: GARY D HALLMAN
TITLE: DIRECTOR
ADDRESS: 1000 E WASHINGTON STREET
CITY/ST/ZIP/CO: MEDINA, OH 44256-
 OFFICER DIRECTOR

NAME: DAVID HOLLANDER
TITLE: DIRECTOR
ADDRESS: 259 N RADNOR-CHESTER ROAD_SUITE 150
CITY/ST/ZIP/CO: RADNOR, PA 19087-
 OFFICER DIRECTOR

NAME: SUSAN J INSLEY
TITLE: DIRECTOR
ADDRESS: 4972 TEMPE ROAD
CITY/ST/ZIP/CO: POWELL, OH 43065-
 OFFICER DIRECTOR

NAME: ROBERT J JOYCE
TITLE: DIRECTOR
ADDRESS: ONE PARK CIRCLE PO BOX 5001
CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251-
 OFFICER DIRECTOR

NAME: DEBORAH D PRYCE TITLE: DIRECTOR ADDRESS: 1401 EYE STREET CITY/ST/ZIP/CO: WASHINGTON, DC 20005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN L WATSON TITLE: DIRECTOR ADDRESS: 110 N MAIN STREET SUITE 1400 CITY/ST/ZIP/CO: DAYTON, OH 45402-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS E WORKMAN TITLE: DIRECTOR ADDRESS: 551 FIFTH AVENUE 29TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10176-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FRANK CARRINO TITLE: SECRETARY ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: EDWARD J. LARGENT, III TITLE: PRESIDENT ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES R. CLAY TITLE: CEO/Group Ldr ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ FRANK CARRINO _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRANK CARRINO, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	2/2/2012 _____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		