

1.) CORPORATION NAME:

**Westfield National Insurance Company**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

<p>NAME: EDWARD J. LARGENT, III TITLE: PRESIDENT ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES R. CLAY TITLE: CEO/GROUP LDR ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: FRANK CARRINO TITLE: SECRETARY ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DR. FARIBORZ GHADAR TITLE: DIRECTOR ADDRESS: 2029 CONNECTICUT AVENUE NW APT 21 CITY/ST/ZIP/CO: WASHINGTON, DC 20008</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY D HALLMAN TITLE: DIRECTOR ADDRESS: 1000 E WASHINGTON STREET CITY/ST/ZIP/CO: MEDINA, OH 44256</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID HOLLANDER TITLE: DIRECTOR ADDRESS: 259 N RADNOR-CHESTER ROAD_SUITE 150 CITY/ST/ZIP/CO: RADNOR, PA 19087</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN J INSLEY DIRECTOR 4972 TEMPE ROAD POWELL, OH 43065	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J JOYCE DIRECTOR ONE PARK CIRCLE PO BOX 5001 WESTFIELD CENTER, OH 44251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH D PRYCE DIRECTOR 1401 EYE STREET WASHINGTON, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN L WATSON DIRECTOR 110 N MAIN STREET SUITE 1400 DAYTON, OH 45402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E WORKMAN DIRECTOR 551 FIFTH AVENUE 29TH FLOOR NEW YORK, NY 10176	<input 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	10/16/2013 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.			