



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 141791		2. Name of Corporation Chesterfield Insurance Agency, Inc.			
3. Street Address Principal Business Office 3520 Forest Lake Drive			City Uniontown	State OH	Zip 44685
4. Business Phone No. 330-896-9777		5. State of Incorporation OHIO			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island AGENT FOR A NATIONAL CLIENT IN NEW YORK THAT HAS OFFICES IN RHODE ISLAND					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jerome E. Nairne			Vice President Name Edwin W. Benninghoff		
Street Address 3520 Forest Lake Drive			Street Address 3520 Forest Lake Drive		
City Uniontown	State OH	Zip 44685	City Uniontown	State OH	Zip 44685
Secretary Name Denise M. Cramer			Treasurer Name Jerome E. Nairne		
Street Address 3520 Forest Lake Drive			Street Address 3520 Forest Lake Drive		
City Uniontown	State OH	Zip 44685	City Uniontown	State OH	Zip 44685
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jerome E. Nairne			Director Name Richard L. Williger		
Street Address 3520 Forest Lake Drive			Street Address 2070 East Avenue		
City Uniontown	State OH	Zip 44683	City Akron	State OH	Zip 44314
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
500 COMM NO PAR VALUE			100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



141791

File Date **FILED**
Check No. **MAR 10 2005**
By: **64553**
FOR SECRETARY OF STATE USE ONLY **GM**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Jerome E. Nairne
Print or Type Name of Officer

President
Title of Officer

1/12/05
Date