

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849944

Entity Name: WESTPORT INSURANCE CORPORATION**Current Principal Place of Business:**1200 MAIN STREET SUITE 800
KANSAS CITY, MO 64105**Current Mailing Address:**1200 MAIN STREET SUITE 800
KANSAS CITY, MO 64105 US**FEI Number:** 48-0921045**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO, AND PRESIDENT
Name MCGRATH, KATHLEEN ANN
Address 901 LINCOLN DRIVE WEST
100
City-State-Zip: MARLTON NJ 08053

Title MANAGING DIRECTOR AND CFO
Name O'SULLIVAN, SHARON
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title SENIOR VICE PRESIDENT, CRO
Name KURTZWEIL, ANNETTE M
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name GAVAN, KAREN
Address MYTHENQUAI 50/60
City-State-Zip: ZURICH 8022

Title SECRETARY
Name KENNY, ELISSA
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title CHAIRMAN
Name RYAN, PHILIP
Address MYTHENQUAI 50/60
City-State-Zip: ZURICH 8022

Title DIRECTOR
Name DACEY, JOHN
Address MYTHENQUAI 50/50
City-State-Zip: ZURICH 8022

Title DIRECTOR
Name PETREN, CAROL ANN
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

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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: DENNIS ENGEL**ASSISTANT CONTROLLE 04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RAAFLAUB, PATRICK
Address MYTHENQUAI 50/60
City-State-Zip: ZURICH 8022

Title DIRECTOR
Name MACLEAN, BRIAN
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title OFFICER
Name HALL, ADRIAN
Address 150 KING STREET WEST
City-State-Zip: TORONTO ONTARIO M5H 1J9

Title OFFICER
Name MCINERNEY, ELIZABETH
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name ISHERWOOD, JONATHAN
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title ASSISTANT CONTROLLER
Name ENGEL, DENNIS
Address 1200 MAIN STREET
SUITE 800
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name JAHNKE, DAVID
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title OFFICER
Name COPPOLA, LAURA
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title OFFICER
Name LARocca, MICHAEL
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title OFFICER
Name SCAMBOROVA, KATARINA
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name BOHANNON, MICHAEL GRAY
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name ZIMPLEMAN, LARRY
Address MYTHENQUAI 50/60
City-State-Zip: ZURICH 8022