

**2022 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 GONZALEZ, IVAN  
Address 1301 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10019

Title OFFICER  
Name O'SULLIVAN, SHARON  
Address 175 KING STREET  
City-State-Zip: ARMONK NY 10504

Title CONTROLLER & TREASURER  
Name MALONE, DERYCK  
Address 1200 MAIN STREET SUITE 800  
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR  
Name DACEY, JOHN  
Address MYTHENQUAI 50/50  
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 SENIOR VICE PRESIDENT  
Name KURTZWEIL, ANNETTE  
Address 1200 MAIN STREET SUITE 800  
City-State-Zip: KANSAS CITY MO 64105

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

**Continues on page 2**

*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  
CONTROLLER****04/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title OFFICER  
Name ANDERSON, STEVE  
Address 1450 AMERICAN LANE  
SUITE 1100  
City-State-Zip: SCHAUMBURG IL 60173

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 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 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 BOONE, STEPHANIE  
Address 100 PINE STREET  
SUITE 2200  
City-State-Zip: SAN FRANCISCO CA 94111

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

Title OFFICER  
Name MCGRATH, KATHLEEN  
Address 901 LINCOLN DRIVE WEST  
SUITE 100  
City-State-Zip: MARLTON NJ 08053

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 ROMINGER, EILEEN  
Address 1301 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10019