

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 849944

**Entity Name:** WESTPORT INSURANCE CORPORATION**Current Principal Place of Business:**5200 METCALF AVE  
OVERLAND PARK, KS 66202**Current Mailing Address:**5200 METCALF AVE  
OVERLAND PARK, KS 66202 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 CBD  
Name SOLITRO, ROBERT  
Address 650 ELM STREET 6TH FLOOR  
City-State-Zip: MANCHESTER NH 03101

Title MBD  
Name JAHNKE, DAVID  
Address SWISS RE 55 E 52ND STREET  
City-State-Zip: NEW YORK NY 10055

Title MBD  
Name D'ALIMONTE, JOHN  
Address 55 E. 52ND STREET  
City-State-Zip: NEW YORK NY 10055

Title MBD  
Name TROEBER, SERGE  
Address MYTHENQUAI 50/60  
City-State-Zip: ZURICH SWITZERLAND 8022

Title MBD  
Name PIERANGELO, FRANZONI  
Address MYTHENQUAI 50/60  
City-State-Zip: ZURICH SWITZERLAND 8022

Title MBD  
Name STEELE, GREGORY  
Address SWISS RE 55 E 52ND STREET  
City-State-Zip: NEW YORK NY 10055

Title MBD  
Name RYAN, PHILIP  
Address 175 KING STREET  
City-State-Zip: ARMONK NY 10504

Title MBD  
Name MEYER, SETH  
Address 2 WATERSIDE CROSSING  
SUITE 200  
City-State-Zip: WINDSOR CT 06095

**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:** JOSEPHINE SANDITZ**ASSISTANT SECRETARY** 01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MBD  
Name GIAMBO, ROBERT  
Address 175 KING STREET  
City-State-Zip: ARMONK NY 10504

Title PRESIDENT  
Name SOLITRO, ROBERT  
Address 650 ELM STREET  
6TH FLOOR  
City-State-Zip: MANCHESTER NH 03101

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

Title CEO  
Name PETRILLI, ROBERT  
Address 2 WATERSIDE CROSSING  
SUITE 200  
City-State-Zip: WINDSOR CT 06095

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

Title ASST. SECRETARY  
Name SANDITZ, JOSEPHINE  
Address 5200 METCALF AVE  
City-State-Zip: OVERLAND PARK KS 66202