200.00 1/26/95 h-469-C

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:00

DOCUMENT # 801883 (0)

1. Corporation Name
WESTPORT INSURANCE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5200 METCALF OVERLAND PARK KS 66201	5200 METCALF OVERLAND PARK KS 66201 US

3. Date Incorporated or Qualified: 02/13/1924
3a. Date of Last Report: 02/02/1994
4. FEI Number: 06-1041516 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COLON, HERIBERTO R
~~2601 PONCE DE LEON BLVD SUITE 600~~
CORAL GABLES FL 33134-~~3073~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Colubus Center
83: One Alhambra Plz Suite 615
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	~~JOHNSON, HOWARD K~~	1.2 NAME	JERRY L. WOOLARD
STREET ADDRESS	~~5200 METCALF~~	1.3 STREET ADDRESS	5200 METCALF
CITY-ST-ZIP	~~OVERLAND PARK KS~~	1.4 CITY-ST-ZIP	OVERLAND PARK, KS 66201
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, DIANE E.	2.2 NAME	
STREET ADDRESS	5200 METCALF	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVIN, JOSEPH W	3.2 NAME	
STREET ADDRESS	5200 METCALF	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66201	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	KEHRWALD, FRANK J	4.2 NAME	
STREET ADDRESS	5200 METCALF	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66201	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	BRECKENRIDGE, ROBERT J	5.2 NAME	
STREET ADDRESS	5200 METCALF	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66201	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	☐ Change ☐ Addition
NAME	AHLMANN, KAJ	6.2 NAME	
STREET ADDRESS	5200 METCALF	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane E. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane E. Thomas
Date

913/ 676-5214
Daytime Phone #

0477783 FP