

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # 801883 (0)  
1. Corporation Name  
WESTPORT INSURANCE CORPORATION

Principal Place of Business  
5200 METCALF  
OVERLAND PARK KS 66201

Mailing Address  
5200 METCALF  
OVERLAND PARK KS 66202-1265  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/13/1924	04/16/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		06-1041516	Not Applicable
24 Country		30 Country		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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COLON, HERIBERTO R COLUMBUS CENTER ONE ALHAMBRA PLAZA STE 615 CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	WOOLARD, JERRY L.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				1.2 NAME			
STREET ADDRESS		5200 METCALF		1.3 STREET ADDRESS			
CITY-ST-ZIP		OVERLAND PARK KS		1.4 CITY-ST-ZIP			
TITLE	S	THOMAS, DIANE E.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS		5200 METCALF		2.3 STREET ADDRESS			
CITY-ST-ZIP		OVERLAND PARK KS		2.4 CITY-ST-ZIP			
TITLE	VD	LEVIN, JOSEPH W	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				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	KEHRWALD, FRANK J	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				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	TEANEY, GARY R.	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	Lewis, Dorsey		
STREET ADDRESS		5200 METCALF		5.3 STREET ADDRESS			
CITY-ST-ZIP		OVERLAND PARK KS		5.4 CITY-ST-ZIP			
TITLE	CD	AHLMANN, KAJ	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				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 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 \_\_\_\_\_

CR2E034 (9/96)