


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90036 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 801883 1. Corporation Name WESTPORT INSURANCE CORPORATION					
Principal Place of Business 5200 METCALF OVERLAND PARK KS 66201			Mailing Address 5200 METCALF OVERLAND PARK KS 66201 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/13/1924	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 06-1041516 13-1941868	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent COLON, HERIBERTO R COLUBUS CENTER ONE ALHAMBRA PLAZA STE 615 CORAL GABLES FL 33134			10. Name and Address of New Registered Agent		
			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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WOOLARD, JERRY L.				
STREET ADDRESS	5200 METCALF				
CITY-ST-ZIP	OVERLAND PARK KS				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	THOMAS, DIANE E.				
STREET ADDRESS	5200 METCALF				
CITY-ST-ZIP	OVERLAND PARK KS				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	LEVIN, JOSEPH W				
STREET ADDRESS	5200 METCALF				
CITY-ST-ZIP	OVERLAND PARK KS 66201				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	KEHRWALD, FRANK J				
STREET ADDRESS	5200 METCALF				
CITY-ST-ZIP	OVERLAND PARK KS 66201				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	LEWIS, DORSEY				
STREET ADDRESS	5200 METCALF				
CITY-ST-ZIP	OVERLAND PARK KS				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	AHLMANN, KAJ				
STREET ADDRESS	5200 METCALF				
CITY-ST-ZIP	OVERLAND PARK KS				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

Joan E. Goode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1999 (913) 676-5729
Date Daytime Phone #

CR2E034 (11/98)