Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90036 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 801883**

WESTPORT INSURANCE CORPORATION										
						LI <b>lena</b> Mari <b>a</b> Con		EKU OLOGIK OLOGIKU I		
D 411 D4	- 40	Mailin Address				[{{\bullet}{\bullet}}]				
Principal Place of Business Mailing Address										
5200 METCALF 5200 METCALF OVERLAND PARK KS 66201 OVERLAND PARK KS 66201						ļ				
		US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated 02/13/1924	or Qualifed		Ì	
2. Principal P	2a. Mailing Address	iling Address			4. FEI Number		A	plied For		
26						<del>-06-1041516</del>	13-1941868	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status		\$8.75	Additional	
22	27				J. Certificate of Otalia.	, pession	Fee R	equired		
City & Stat	e	City & State	1 <sup>*</sup>			6. Election Campaign	-		May Be	
23 28			Country			Trust Fund Contrib	ution		to Fees	
Zip				ntry		,	8. This corporation owes the current year Intangible Personal Property Tax.			
24	25 29 30					Personal Property	ss of New Registered A		<u> </u>	
<u> </u>	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Addres	35 OI NEW REGISTERED A	-Nein	<del></del>	
COLON, HERIBERTO R					Hallie					
COLUBUS CENTER				82	Street Addr	ess (P.O. Box Number is	Not Acceptable)		}	
ONE ALHAMBRA PLAZA STE 615				83						
CORAL GABLES FL 33134				33						
(2)				84	City		FL	85 Zip	Code	
Complete the control of the control					named corn	oration submits this state	ment for the purpose of	changing its	registered	
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, for 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.									gistered	
agent, I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statu	ites.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	Acent	signature require	d when reinstating)	DATE		}	
12.	OFFICERS AND		13.	-			SES TO OFFICERS AN	D DIRECTO	DRS IN 12	
TITLE	PO DELETE		1,1 TIT	1,1 TITLE		<u></u>		Change	Addition	
NAME	WOOLARD, JERRY L.		1.2 NA	1.2 NAME					i	
STREET ADDRESS	5200 METCALF		1.3 STREET ADDRESS		ADDRESS				ł	
CITY-ST-ZIP	OVERLAND PARK KS		1.4 CIT	1.4 CITY-ST-ZIP		<u></u>				
TITLE	S DELETE		2.1 711	2.1 TITLE			<del>_</del>	Change	☐ Addition	
NAME	THOMAS, DIANE E.		2.2 NA	2.2 NAME						
STREET ADDRESS	5200 METCALF		2.3 STI	2.3 STREET ADDRESS						
   City-St-Zip	OVERLAND PARK KS		2.4 CI	2.4 CITY-ST-ZIP						
TITLE	VD □ DELETE		3.1 TIT	3.1 TITLE				☐ Change	☐ Addition	
NAME	LEVIN, JOSEPH W		3.2 NA	ME						
STREET ADDRESS	5200 METCALF		3.3 ST	REET	ADDRESS				į	
CITY-ST-ZIP			3.4. CT	3.4. CITY-ST-ZIP						
ΠΠLE	· <del></del>		4.1 TIT	4.1 TITLE				Change	Addition	
NAME	KEHRWALD, FRANK J		4. 2 NA						ĺ	
STREET ADDRESS			4.3 STI	4.3 STREET ADDRESS					.	
CITY-ST-ZIP			4.4 C/T	4.4 CITY-ST-ZIP						
TITLE	TD	☐ DELETE	5.1 TIT					☐ Change	☐ Addition	
NAME	LEWIS, DORSEY		5.2 NA						{	
STREET ADDRESS	5200 METCALF		4		ADDRESS					
CITY-ST-ZIP	OVERLAND PARK KS		5.4 CIT	Y- ST-	ZIP					

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CD

AHLMANN, KAJ

OVERLAND PARK KS

5200 METCALF

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

april 16, 1999 (913)

☐ Change

Addition

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