

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801883
 1. Entity Name
WESTPORT INSURANCE CORPORATION

FILED

02 OCT 22 PM 1:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 5200 METCALF
 OVERLAND PARK KS 66201

Mailing Address
 5200 METCALF
 OVERLAND PARK KS 66201
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-1941868**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 YOUNGHANZ, TERRY L
 5200 METCALF
 OVERLAND PARK KS ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 400008546674
 10/23/02--01054--010 **400.00 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 THOMAS, DIANE E.
 5200 METCALF
 OVERLAND PARK KS ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 STEPHAN, STEVEN P
 5200 METCALF
 OVERLAND PARK KS 66201 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 ISENBERG, TERRY D
 5200 METCALF
 OVERLAND PARK KS 66201 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 HOLFERTY, KENNETH
 5200 METCALF
 OVERLAND PARK KS 66201 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO
 PRESSMAN, RONALD R
 5200 METCALF
 OVERLAND PARK KS 66201 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 3, 2002 **913-676-5387**
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

677885

801883

ATTACHEMENT TO
FLORIDA 2002 UNIFORM BUSINESS REPORT
FOR
WESTPORT INSURANCE CORPORATION (#801883)

Title Name Street Address City-State-Zip	P/D A. Louis Parker 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address City-State-Zip	S/D Nicholas J. Spaeth 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address City-State-Zip	D Samira Barakat 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address City-State-Zip	D Robert Dellinger 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address City-State-Zip	D Marc A. Meiches 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address City-State-Zip	D Richard F. Smith 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address City-State-Zip	D Robin P. Sterneck 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address City-State-Zip	D John E. Tiller 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address City-State-Zip	D Hoyt H. Wood, Jr. 5200 Metcalf Overland Park, Kansas 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
Title Name Street Address		