2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 801883

Entity Name: WESTPORT INSURANCE CORPORATION

FILED Nov 03, 2005 Secretary of State

Current Principal Place of Business: 5200 METCALF OVERLAND PARK, KS 66201					New Principal Place of Business:			
Current Mailing Address:				New Mailing Address:				
5200 METO OVERLANI	CALF DPARK, KS 6	6201	US					
FEI Number:	13-1941868	FEI Nu	mber Applied For ()	FEI Nun	nber Not Appl	licable () Certificate of Status Desired	d (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US								
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.								
SIGNATUR	E: NOT REQ	UIRED						
	Electroni	c Signa	ture of Registered Ager	nt		Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:								
						IS/CHANGES TO OFFICERS AND DIF	ECTORS:	
Title: Name: Address: City-St-Zip:	P () SMITH, RICHAR 5200 METCALF OVERLAND PAR		6201		Title: Name: Address: City-St-Zip:	P (X) Change () Addition STERNECK, ROBIN P 5200 METCALF OVERLAND PARK, KS 66201		
Title: Name: Address: City-St-Zip:	VP () DONNELL, WILL 5200 METCALF OVERLAND PAR		6201		Title: Name: Address: City-St-Zip:	VCFO (X) Change () Addition WRIGHT, SHANE M 5200 METCALF OVERLAND PARK, KS 66201		
Title: Name: Address: City-St-Zip:	CCEO () PRESSMAN, RO 5200 METCALF OVERLAND PAR		6201		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VCFO () FRYE, JOHN 5200 METCALF OVERLAND PAR	Delete RKS, FL	66201		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition NEWKIRK, DAVID G 5200 METCALF OVERLAND PARKS, FL 66201		
Title: Name: Address: City-St-Zip:	VP (X) NEWKIRK, DAVI 5200 METCALF OVERLAND PAR		6201		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (X) GILL, MICHAEL 5200 METCALF OVERLAND PAR		6201		Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

	Flacture Comment of Circuit of Ci		D-4-
SIGNATURE:	DAVID NEWKIRK	VP	11/03/2005