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Withdrawal

12/18/07--01002--026 **78.75



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DIVISION OF COMPORATIONS
TALLAHASSEE FLORIDA

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RADEY THOMAS YON CLARK

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DAVID A. YON

e-Mail: tcrabb@radeylaw.com

December 17, 2007

VIA HAND DELIVERY

Florida Department of State Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

SUBJECT:

Merger of Westport Insurance Corporation and Employers Reinsurance

Corporation; Name Change of Surviving Corporation

Dear Sir or Madam:

Westport Insurance Corporation (Document #801883), a Missouri corporation authorized to transact business in Florida, intends to merge into Employers Reinsurance Corporation (Document #849944), which is also a Missouri corporation authorized to transact business in Florida. Employers Reinsurance Corporation, as the surviving corporation, then intends to change its name to Westport Insurance Corporation. Please find enclosed two separate filings to effectuate these changes.

First, to effectuate the merger of Westport Insurance Corporation into Employers Reinsurance Corporation, I have included two copies of the Articles of Merger and Plan of Merger. I have also enclosed a check for \$78.75 (\$35.00 for the surviving corporation, \$35.00 for the merging corporation, and \$8.75 for a certified copy).

Second, to effectuate the name change of the surviving corporation to Westport Insurance Corporation, I have enclosed a completed Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida. I have also attached an original certificate from the Missouri Secretary of State evidencing the amendment.

RADEY ITHOMAS IYON ICLARK

Attorneys & Counselors at Law

Please find enclosed a check for \$52.50, representing the filing fee of \$35.00, certificate of status fee of \$8.75 and certified copy fee of \$8.75.

If our runner is unable to wait at your office while this request is processed, please contact me when the filings are completed and the documents are ready to be picked up. Please call me if you have any questions. Thank you for your time and assistance.

Sincerely,

Thomas A. Crabb

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COVER LETTER

, ,	
TO: Amendment Section Division of Corporations	
SUBJECT: Westport Insurance	Corporation
	(Name of Corporation)
DOCUMENT NUMBER: 801883	
The enclosed withdrawal application an	d fee are submitted for filing.
Please return all correspondence concerning matter to the following:	ing this
Josephine D. Sanditz	
	(Name of Person)
Westport Insurance Cor	poration
	(Firm/Company)
5200 Metcalf Avenue	
	(Address)
Overland Park, Kansas	66201
	(City/State and Zip code)
For further information concerning this m	natter, please call:
Josephine Sanditz	_{at (} 913 ₎ 676-3260
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
1 ananassee, 1 L 52514	Tallahassee, FL 32301



APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Westport Insurance Corporation (effe	
(Name of Corpor	ation)
801883	
(Document Number of Corpo	oration (if known)
Missouri	
(Incorporated Under	Laws of)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders its authority to transact business or conductivoluntarily surrenders.	
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of prime it was authorized to transact business or conduct affairs	rocess based on a cause of action arising during the
The following is a current mailing address for the corporation	n:
5200 Metcalf Avenue	•
(Mailing Addre	ess)
Overland Park, Kansas 66201	,
(City/ State /Z	ip)
The corporation agrees to notify the Department of State in the	ne future of any change in its mailing address.
	December 18, 2007
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Ann Thompson	Senior Vice President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35