

| | | | | | |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME: WESTPORT INSURANCE CORPORATION | DUE DATE: 11/30/2013 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA | SCC ID NO: F0396087 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,269</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,269 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,269 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: MO | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5200 METCALF

CITY/ST/ZIP: OVERLAND PARK, KS 66202

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|---|---|-----------------------------------|--|
| NAME: BRIAN F FAHEY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: SR VP/CFO | | | |
| ADDRESS: 2 WATERSIDE CROSSING | | | |
| CITY/ST/ZIP/CO: STE 200 WINDSOR, CT 06095 | | | |

| | | | |
|----------------------------------|---|-----------------------------------|--|
| NAME: ELISSA KENNY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: S/SR VP | | | |
| ADDRESS: 175 KING ST | | | |
| CITY/ST/ZIP/CO: ARMONK, NY 10504 | | | |

| | | | |
|---|---|--|--|
| NAME: ROBERT SOLITRO | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: CEO/CHAIRMAN | | | |
| ADDRESS: 650 ELM STREET 6TH FLOOR | | | |
| CITY/ST/ZIP/CO: MANCHESTER, NH 03101-2524 | | | |

| | | | |
|---|---|-----------------------------------|--|
| NAME: ROBERT PETRILLI | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: CEO | | | |
| ADDRESS: 2 WATERSIDE CROSSING | | | |
| CITY/ST/ZIP/CO: STE 200 WINDSOR, CT 06095 | | | |

| | | | |
|---|---|-----------------------------------|--|
| NAME: JOSEPHINE D SANDITZ | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: ASST SECRETARY | | | |
| ADDRESS: 5200 METCALF | | | |
| CITY/ST/ZIP/CO: OVERLAND PARK, KS 66202 | | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|-----------|
| /s/ ELISSA KENNY | ELISSA KENNY, S/SR VP | 1/10/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.