2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90143 002 ***150.00

DOCUMENT # P20753

1. Entity Name
EMPLOYEE BENEFIT CLAIMS OF WISCONSIN, INC.

Principal Place of Business	Mailing Address
9275 NORTH 49TH STREET BROWN DEER WI 53223	9275 NORTH 49TH STREET BROWN DEER WI 53223

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1277023 — Applied For / Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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

SIGNATURE: _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) 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 $150.00
After May 1, 2002 Fee will be $550.00
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	V FEITH, JOHN A. 9275 N 49TH ST BROWN DEER WI 53223-1499 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BRUCE G. FLUNKER 9275 N. 49TH ST BROWN DEER, WI 53223-1499 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLUNKER, BRUCE 9275 N 49TH ST BROWN DEER WI 53223-1499 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEL. BEN. ADMINIS. OF AMERICA DANIEL J. MARTINSON 9275 N. 49TH ST BROWN DEER, WI 53223-1499 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICE, LESLIE J 5069- 154TH PL NE REDMOND WA 98052-9669 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV TIMOTHY R. HUSSEY 9275 N. 49TH ST BROWN DEER, WI 53223-1499 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CZARNECKI, ALAN 9275 N 49TH ST BROWN DEER WI ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEL. BEN. ADMINIS. OF AMERICA ALAN J. CZARNECKI 9275 N. 49TH ST BROWN DEER, WI 53223-1499 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUSSEY, TIMOTHY 9275 N 49TH ST BROWN DEER WI 53223-1499 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/D LESLIE J. RICE 5069 154TH PL NE REDMOND, WA 98052-9669 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COLLIER, STEPHEN D 4333 BROOKLYN AVE NE SEATTLE WA 98105-1016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SEATTLE, WA 98105-9903

CR2E034 (9/01)

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: _____ MARCH 27, 2002 (800) 210-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LESLIE J. RICE, SEC. Date CMPLNC@SAFECO.COM Daytime Phone #

THE PRESIDENT OF THE INSURANCE COMPANY REMAINS BRUCE G. FLUNKER.
THE POSITION OF PRESIDENT, SELECT BENEFIT ADMINISTRATORS OF AMERICA, IS AN INTERNAL FUNCTIONAL DESIGNATION ONLY AS LISTED ABOVE FOR:
DANIEL J. MARTINSON P SEL.BEN. ADMINIS. OF AMERICA ALAN J. CZARNECKI V SEL. BEN. ADMINIS. OF AMERICA

Attachment
Document #
P20753/830749

EMPLOYEE BENEFIT CLAIMS OF WISCONSIN, INC.

Bruce G. Flunker	*	President
Daniel J. Martinson		President - Select Benefit Administrators of America
Timothy R. Hussey		Sr. V.P., Manager
Alan J. Czarnecki		V.P. - Select Benefit Administrators of America
Coreen Ann Guagenti		V.P., Manager
Merry Lee Lison		V.P., Personnel
Kurt Meinberg		V.P., Manager
Leslie J. Rice	*	V.P., Secretary, Treasurer
Susan Stabelfeldt		Controller
Stephen D. Collier		Asst. Secy.
Sheridan Hollender		Asst. Secy.
H. Paul Lowber		Asst. Secy.
Susan Tracey		Asst. Secy.
Roger F. Harbin	*	

* = Denotes Director

Employee Benefit Claims of Wisconsin, Inc. is 100% owned by SAFECO Administrative Services, Inc. which is 100% owned by SAFECO Corporation. The actual location of Employee Benefit Claims of Wisconsin, Inc. is: 9275 North 49th Street, Brown Deer, WI 53223-1499. The mailing address is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001 and the email address is cmplnc@safeco.com.

DATED: February 28, 2002