


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. *ck ref 3-4*

ck 20461

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 11 AM 10: 57

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M98000000274
SPECIALTY UNDERWRITERS LLC 9667 SOUTH 20TH STREET OAK CREEK WI 53154	

1a. Principal Place of Business Address
9667 SOUTH 20TH STREET OAK CREEK WI 53154

2. Principal Place of Business <i>9667 S. 20th St.</i>	2a. Mailing Address <i>9667 S. 20th St</i>	3. Date Organized or Qualified 03/23/1998	3a. State of Formation DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 39-1915737	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State <i>Oak Creek WI</i>	City & State <i>Oak Creek WI</i>	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip <i>53154-4946</i>	Country <i>USA</i>	Zip <i>53154-4946</i>	Country <i>USA</i>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <i>880002806348-7</i> City <i>FL</i>

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	POLASKI, MICHAEL H	321 EAST OAKWOOD ROAD	OAK CREEK WI
MGR	POLASKI, MICHAEL J	321 EAST OAKWOOD ROAD	OAK CREEK WI
MGR	PARRISH, PATRICK R	N70 W23770 PRIDES ROAD	SUSSEX WI
MGR	FORREST, GREIG K	4125 STONEWOOD COURT	BROOKFIELD WI
MGR	VAN GIESON, ROBERT T	CNA PLAZA	CHICAGO IL
MGR	ROWLEY, THOMAS H	CNA PLAZA	CHICAGO IL

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Michael H Polaski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER MEMBERS OR MANAGER

2-25-99 414-281-1100

DATE

Daytime Phone #