

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000274

1. Entity Name

SPECIALTY UNDERWRITERS LLC

Principal Place of Business

9667 SOUTH 20TH STREET
OAK CREEK WI 53154-4946

Mailing Address

9667 SOUTH 20TH STREET
OAK CREEK WI 53154-4946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1915737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

ck 30538

7/9/01

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME POLASKI, MICHAEL H
STREET ADDRESS 321 EAST OAKWOOD ROAD
CITY-ST-ZIP OAK CREEK WI 53154 ☐ Delete

TITLE MGR
NAME NICHOLS, THOMAS J.
STREET ADDRESS 111 EAST KILBOURN AVE
CITY-ST-ZIP MILWAUKEE, WI 53202-6622 ☐ Change ☒ Addition

TITLE MGR
NAME POLASKI, MICHAEL J
STREET ADDRESS 321 EAST OAKWOOD ROAD
CITY-ST-ZIP OAK CREEK WI 53154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME OBERDORF, KENNETH
STREET ADDRESS 9667 S. 20TH ST.
CITY-ST-ZIP OAK CREEK WI 53154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300004493519--6
-07/24/01--01053--013
*****50.00 *****50.00

TITLE MGR
NAME CAUGHEY, JAMES JR
STREET ADDRESS 9667 SOUTH 20TH STREET
CITY-ST-ZIP OAK CREEK WI 53154-4946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME MADORE, RUSSELL
STREET ADDRESS 9667 SOUTH 20TH STREET
CITY-ST-ZIP OAK CREEK WI 53154-4946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME LARSON, GORDON
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL 60685 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 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.

SIGNATURE:

Rosemary West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-29-01

414-281-1100

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE

FILED

01 JUL 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE