

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M98000000274

FILED
May 20, 2002 8:00 AM
Secretary of State

Entity Name: SPECIALTY UNDERWRITERS LLC

Current Principal Place of Business:

9667 SOUTH 20TH STREET
OAK CREEK, WI 531544946

New Principal Place of Business:

Current Mailing Address:

9667 SOUTH 20TH STREET
OAK CREEK, WI 531544946

New Mailing Address:

FEI Number: 39-1915737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: POLASKI, MICHAEL H
Address: 321 EAST OAKWOOD ROAD
City-St-Zip: OAK CREEK, WI 53154

Title: MGR () Delete
Name: POLASKI, MICHAEL J
Address: 321 EAST OAKWOOD ROAD
City-St-Zip: OAK CREEK, WI 53154

Title: MGR () Delete
Name: OBERDORF, KENNETH
Address: 9667 S. 20TH ST.
City-St-Zip: OAK CREEK, WI 53154

Title: MGR () Delete
Name: CAUGHEY, JAMES JR
Address: 9667 SOUTH 20TH STREET
City-St-Zip: OAK CREEK, WI 531544946

Title: MGR (X) Delete
Name: MADORE, RUSSELL
Address: 9667 SOUTH 20TH STREET
City-St-Zip: OAK CREEK, WI 531544946

Title: MGR (X) Delete
Name: LARSON, GORDON
Address: CNA PLAZA
City-St-Zip: CHICAGO, IL 60685

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL H. POLASKI

MGR

05/20/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date