

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000832

1. Entity Name

WESTPORT BENEFITS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB - 1 PM 4:18

Principal Place of Business

19 LUDLOW ROAD
SUITE 101
WESTPORT CT 06880
12

Mailing Address

19 LUDLOW ROAD
SUITE 101
WESTPORT CT 06880-3040
12

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1484926

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BROPHY, JOHN T
STREET ADDRESS 120 POST ROAD WEST
CITY-ST-ZIP WESTPORT CT 06880 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 19 Ludlow Road, Suite 101
CITY-ST-ZIP Westport, CT 06880

TITLE NAME MGRM BROPHY, SHARON G
STREET ADDRESS 120 POST ROAD WEST
CITY-ST-ZIP WESTPORT CT 06880 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 19 Ludlow Road, Suite 101
CITY-ST-ZIP Westport, CT 06880

TITLE NAME MGRM CONTINENTAL ASSURANCE CO.
STREET ADDRESS 1 CNA PLAZA
CITY-ST-ZIP CHICAGO IL 60685 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 0000003127100--0
CITY-ST-ZIP -02/08/00--01049--016
***** 55.02 ***** 55.02

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

John T. Brophy/Member

1/13/2000

Date

203-454-0205

Daytime Phone #