

2001 UNIFORM BUSINESS REPORT (UBR)

U45, 57 AF

DOCUMENT # **M98000000832**

1. Entity Name

WESTPORT BENEFITS, L.L.C.

FILED
01 JAN 31 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11506 NICHOLAS ST.
SUITE 100
OMAHA NE 68154-0000
00

Mailing Address

11506 NICHOLAS ST.
SUITE 100
OMAHA NE 68154-0000
00

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
BROPHY, JOHN T
STREET ADDRESS
19 LUDLOW ROAD
CITY-ST-ZIP
WESTPORT CT 06880

Member ☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
7 Messex Lane
Weston CT 06883

TITLE NAME ☐ Delete
MGRM
BROPHY, SHARON G
STREET ADDRESS
19 LUDLOW ROAD
CITY-ST-ZIP
WESTPORT CT 06880

Member ☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
7 Messex Lane
Weston, CT 06883

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

Member ☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
800003657258--6
-02/08/01--01025--014

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

Manager ☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
William G. Seyboth
CNA Plaza
Chicago, IL 60685

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

Manager ☐ Change ☒ Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Douglas P. Hayes
7400 College Blvd, Ste. 501
Overland Park, KS 66210

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

Manager ☐ Change ☒ Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Mitchell W. Schlater
11506 Nicholas St., Suite 100
Omaha, NE 68154

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: Mitchell W. Schlater

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

Date

402-965-3235

Daytime Phone #

CR2E083 (11/00)