1/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
01-17-2002 90010 011 ****50.00

DOCUMENT # M98000000832

1. Entity Name
WESTPORT BENEFITS, L.L.C.

13669

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11506 NICHOLAS ST. SUITE 100 OMAHA NE 68154-0000 00	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	
Zip	Country	Zip	Country

4. FEI Number 06-1484926 ☐ 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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROPHY, JOHN T 7 MESSEX LANE WESTON CT 06883	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See attached list.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROPHY, SHARON G 7 MESSEX LANE WESTON CT 06883	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM CONTINENTAL CASUALTY COMPANY 1 CNA PLAZA CHICAGO IL 60685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MALZONE, WAYNE R 601 NW LOOP 410, SUITE 400 SAN ANTONIO TX 78228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HECK, STEPHEN H 1600 SOUTH BRENTWOOD BLVD., SUITE 300 ST LOUIS MO 63144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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 Mitchell W. Schlater 1-11-02 402-965-3235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment Doc #1998000000832/13669 [redacted]

WESTPORT BENEFITS, L.L.C.

MEMBERS AND MANAGERS

Continental Assurance Company CNA Plaza Chicago, IL 60685	Member
Continental Casualty Company CNA Plaza Chicago, IL 60685	Member
William G. Seyboth Continental Assurance Company CNA Plaza Chicago, IL 60685	Chairman Manager
Douglas P. Hayes Continental Assurance Company 7400 College Blvd, Suite 501 Overland Park, KS 66210	President & CEO Manager
Mitchell W. Schlater 11506 Nicholas Street Suite 100 Omaha, NE 68154	Vice President/Secretary-Treasurer Manager
Wayne R. Malzone CNA 4400 Piedras Drive South Suite 150 San Antonio, TX 78228	Vice President Manager
Stephen H. Heck 9201 Watson St. Louis, MO 63126	Vice President Manager