

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000832

1. Entity Name  
WESTPORT BENEFITS, LLC.



FILED

03 NOV -3 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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  
120 South Central Ave., #160

3. Mailing Address  
120 South Central Ave., #160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
St. Louis, Missouri

City & State  
St. Louis, Missouri

4. FEI Number 06-1484926

Applied For

Not Applicable

Zip  
63105

Country  
USA

Zip  
63105

Country  
USA

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)

600025445476  
09/30/03--01081--008 \*\*50.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$1,500,000.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BROPHY, JOHN T  
7 MESSEX LANE  
WESTON CT 06883 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Robert J. Meyer MGR  
120 South Central, Suite 160  
St. Louis, MO 63105 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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  
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  
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  
HECK, STEPHEN H MGR  
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

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

Stephen H. Heck

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

Date

(314)918-3500

Daytime Phone #

CR2E083 (4/03)

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