

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90134 017 ***150.00

DOCUMENT # P20753

1. Entity Name
EMPLOYEE BENEFIT CLAIMS OF WISCONSIN, INC.



Principal Place of Business
**9275 NORTH 49TH STREET
BROWN DEER WI 53223**

Mailing Address
**9275 NORTH 49TH STREET
BROWN DEER WI 53223**

2. Principal Place of Business
9275 NORTH 49TH STREET

3. Mailing Address
9275 NORTH 49TH STREET

Suite, Apt. #, etc.

City & State
MILWAUKEE, WI

City & State
MILWAUKEE, WI

Zip
53223-6455

Country
US

4. FEI Number
39-1277023

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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. 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 _____

FILE NOW!!! FEE IS \$150.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLUNKER, BRUCE G 9275 N 49TH ST BROWN DEER WI 53223-1499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINSEN, DANIEL J 9275 N. 49TH ST BROWN DEER WI 53223-1499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HUSSEY, TIMOTHY R 9275 N. 49TH ST BROWN DEER WI 53223-1499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CZARNECKI, ALAN J 9275 N 49TH ST BROWN DEER WI 53223-1499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RICE, LESLIE 5069 154TH PL NE REDMOND WA 98052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COLLIER, STEPHEN D 4333 BROOKLYN AVE NE SEATTLE WA 98105-9903	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MILWAUKEE, WI 53223-6455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P MILWAUKEE, WI 53223-6455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MILWAUKEE, WI 53223-6455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V MILWAUKEE, WI 53223-6455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
REDMOND, WA 98052-9669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie Rice **FEBRUARY 27, 2003** (800) 210-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CMPLNC@SAFECO.COM**
LESLIE RICE, VP / SECY TREAS / DIR Date Lifetime Phone #

THE PRESIDENT OF THE INSURANCE COMPANY REMAINS BRUCE G. FLUNKER.
THE POSITION OF PRESIDENT OR VICE PRESIDENT, SELECT BENEFIT ADMINISTRATORS OF AMERICA,
IS AN INTERNAL FUNCTIONAL DESIGNATION AS LISTED ABOVE FOR:
DANIEL J. MARTINSEN P SEL.BEN. ADMINIS. OF AMERICA ALAN J. CZARNECKI V SEL. BEN. ADMINIS. OF AMERICA

Attachment
P20753

90047384

EMPLOYEE BENEFIT CLAIMS OF WISCONSIN, INC.

Bruce G. Flunker	*	President
Daniel J. Martinsen		President - Select Benefit Administrators of America
Timothy R. Hussey		Sr. V.P., Manager
Alan J. Czarnecki		V.P. - Select Benefit Administrators of America
Coreen Ann Guagenti		V.P., Manager
Merry Lee Lison		V.P., Personnel
Kurt Meinberg		V.P., Manager
Leslie J. Rice	*	V.P., Secretary, Treasurer
Susan Stabelfeldt		Controller
Stephen D. Collier		Asst. Secy.
Sheridan Hollender		Asst. Secy.
Richard M. Levy		Asst. Secy.
Susan Tracey		Asst. Secy.
Roger F. Harbin	*	

* = Denotes Director

Employee Benefit Claims of Wisconsin, Inc. is 100% owned by SAFECO Administrative Services, Inc. which is 100% owned by SAFECO Corporation. The actual location of Employee Benefit Claims of Wisconsin, Inc. is: 9275 North 49th Street, Milwaukee, WI 53223-6455. The mailing address is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001 and the email address is cmplnc@safeco.com.

DATED: December 18, 2002