

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 844998**

1. Entity Name

WAUSAU UNDERWRITERS INSURANCE COMPANY

Principal Place of Business

**2000 WESTWOOD DRIVE
POST OFFICE BOX 8017
WAUSAU WI 54402-5017**

Mailing Address

**2000 WESTWOOD DRIVE
POST OFFICE BOX 8017
WAUSAU WI 54402-5017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32304**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	KELLY, E F	
STREET ADDRESS	175 BERKLEY	
CITY-ST-ZIP	BOSTON MA	

TITLE	VC	<input type="checkbox"/> Delete
NAME	GREGG, G R	
STREET ADDRESS	175 BERKLEY	
CITY-ST-ZIP	BOSTON MA	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOFFERT, J S	
STREET ADDRESS	2000 WESTWOOD DR	
CITY-ST-ZIP	WAUSAU WI	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCINTYRE, J J	
STREET ADDRESS	2000 WESTWOOD DR.	
CITY-ST-ZIP	WAUSAU WI	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TORRENS, J.S.	
STREET ADDRESS	2000 WESTWOOD DRIVE	
CITY-ST-ZIP	WAUSAU WI	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, D.M.	
STREET ADDRESS	2000 WESTWOOD DR.	
CITY-ST-ZIP	WAUSAU WI	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Legg, Dexter R.	
STREET ADDRESS	175 Berkeley Street	
CITY-ST-ZIP	Boston, MA 02117	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE REQUIRED **Gary R. Gregg**

02-26-01

617-357-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

39-1341459

Applied For

Not Applicable

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

CR2E037 (9/01)