

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 844998

**Entity Name:** WAUSAU UNDERWRITERS INSURANCE COMPANY**Current Principal Place of Business:**2000 WESTWOOD DRIVE  
WAUSAU, WI 54402-5017**Current Mailing Address:**175 BERKELEY ST  
BOSTON, MA 02116**FEI Number:** 39-1341459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MACPHEE, JAMES M  
Address        175 BERKLEY ST.  
City-State-Zip: BOSTON MA 02116

Title            T  
Name            PENA, EDWARD J  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR, SECRETARY  
Name            TOUHEY, MARK C  
Address        175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name            DOLAN, MATTHEW P  
Address        175 BERKELEY ST.  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name            ERBIG, ALISON B  
Address        175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name            FALLON, MICHAEL J  
Address        175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name            MORAHAN, ELIZABETH J  
Address        175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title            DIRECTOR  
Name            HAASE, JULIE M  
Address        175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK C TOUHEY**SECRETARY****04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MCSWEENEY, SEAN B  
Address             175 BERKELEY ST  
City-State-Zip:    BOSTON MA 02116

Title                 DIRECTOR  
Name                ROBINSON, FRANCIS W  
Address             175 BERKELEY ST  
City-State-Zip:    BOSTON MA 02116