2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000003464 WAUSAU BENEFITS, INC.

FILED May 07, 2001 8:00 am Secretary of State

05-07-2001 90028 007 ***150.00

| | | | | } | | | | |
|--|---|--|----------------------|--|--|--|-------------------------------|--|
| Principal Plac | ce of Business | Mailing Address | - | | | | | |
| 1800 WEST BRIDGE STREET WAUSAU WI 54401 | | 1800 WEST BRIDGE STREET WAUSAU WI 54401 | | | ្រុក មេ ខេត្ត ខេត្ត ខេត្ត ខេត្ត ខេត្ត ខេត្ត ខេត | | | |
| | | | | } | 1 200/201 (201 /20 1/10/10/10/10/10/1 | ili es iyi əd iyi sələc yığı d | Dia colo tito lati | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. Box 8076 | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WI | RITE IN THIS SPACE | | |
| City & State | | City & State Wausau, WI | | 4. | FEI Number 39-19952 | 76 | Applied For Not Applicable | |
| Zip | Country | Zip 54402-8076 | Country USA | 5. | Certificate of Status Desired | □ \$8.75 Fee Re | 5 Additional aguired | |
| | 6. Name and Address of Current R | | | | Name and Address of New | | 44.703 | |
| | | <u> </u> | Nam | | | | | |
| 1200 | CORPORATION SYSTEM SOUTH PINE ISLAND ROAD | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| PLAI | NTATION FL 33324 | j. | | | | | 1 | |
| | | | City | | | FL Zip | Code ⁻ | |
| 8. The above | e named entity submits this statement for | the purpose of changing its re | egistered offic | e or registered a | gent, or both, in the State of I | Florida. 4, | ~· | |
| | | | | | | | <i>"</i> | |
| SIGNATURE | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: | Registered Agent si | gnature required when | reinstating) | DATE | | |
| 9. This corpe | oration is eligible to satisfy its Intangible | FILE NOW!!! | FEE IS \$1 | 50.00 | 40 Clastics Commission I | | 5.00 | |
| Tax filing requirement and elects to do so. (See criteria on back) | | After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St | | ent of State | 10. Election Campaign F Trust Fund Contribut | ion. 🗆 🗚 | 55.00 May Be added to Fees | |
| 11. | OFFICERS AND D | | 12. | A | DDITIONS/CHANGES TO OF | | | |
| TITLE NAME | MOORE, ALFRED P | ☐ Delete | TITLE | See A | ttachment 1 | ☐ Cha | ange | |
| STREET ADDRESS | 1800 WEST BRIDGE STREET | | STREET ADDRE | ss | _ | |) | |
| CITY-ST-ZIP | WAUSAU WI 54401 | | CITY-ST-ZIP | | · | | | |
| TITLE | V BENSON, MICHAEL | Delete | TITLE | | | ☐ Cha | inge 🗌 Addition | |
| NAME STREET ADDRESS | 1800 WEST BRIDGE STREET | | NAME STREET ADDRE | ss | | | | |
| CITY-ST-ZIP | WAUSAU WI 54401 | | CITY-ST-ZIP | ~ | | | | |
| TITLE | V | ☐ Delete | TITLE | | | ☐ Cha | inge 🔲 Addition | |
| NAME | HERMEL, OREN | | NAME | j | | | 1 | |
| STREET ADDRESS CITY-ST-ZIP | 1800 WEST BRIDGE STREET WAUSAU WI 54401 | | STREET ADDRE | SS | | | 1 | |
| TITLE | V | □ Delete | TITLE | | | Cha | inge Addition | |
| NAME | MISCHLER, NICHOLAS | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1800 WEST BRIDGE STREET WAUSAU WI 54401 | | STREET ADDRES | SS | | | } | |
| TITLE | V | [7] Parter | CITY-ST-ZIP | | | | ngo 🗖 Addition | |
| NAME | SICKELS, JOHN | ☐ Delete | TITLE NAME | | | ☐ Cha | nge 🗀 Addition | |
| STREET ADDRESS | 1800 WEST BRIDGE STREET | | STREET ADDRES | ss | | | | |
| CITY-ST-ZIP | WAUSAU WI 54401 | | CITY-ST-ZIP | | | | | |
| TITLE | V TROYER, BRIAN | ☐ Delete | TITLE | | | ☐ Cha | nge 🔲 Addition | |
| NAME STREET ADDRESS | 1800 WEST BRIDGE STREET | | NAME STREET ADDRES | 30 | | | 1 | |
| CITY-ST-ZIP | WAUSAU WI 54401 | | CITY-ST-ZIP | ~ | | | } | |
| 13. I hereby o | certify that the information supplied with th | nis filing does not qualify for th | ne 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wausau Benefits, Inc.

Document No. F00000003464

Wausau Benefits, Inc. Officers and Directors



| Title | Name | Street Address | Change | Addition |
|-------|----------------------------|-------------------------------|--------|----------|
| C/D | Dwight E. Davis | 400 Ross Avenue | | X |
| 1 | | Schofield, WI 54476-1854 | | |
| D | Paul J. Gassner | 117 South Third Avenue | | X |
| | | Wausau, WI 54401-4698 | | |
| D | Todd R. Nicklaus | 1130 East Grand Avenue | | X |
| | · | Rothschild, WI 54474-1023 | | |
| D | Paul C. Schlindwein II | 500 Third Street, Suite 208-5 | | X |
| | | Wausau, WI 54403-4857 | | |
| P/D | Alfred P. Moore | 1800 West Bridge Street | | |
| | | Wausau, WI 54401-2472 | | |
| V/T/D | Jay M. Anliker | 1800 West Bridge Street | | X |
| | | Wausau, WI 54401-2472 | | |
| V | Michael L. Benson | 1800 West Bridge Street | | |
| | | Wausau, WI 54401-2472 | | |
| V | Oren J. Hermel | 1800 West Bridge Street | | |
| | | Wausau, WI 54401-2472 | 1 1 | |
| ٧ | Nicholas E. Mischler, M.D. | 1800 West Bridge Street | | |
| | | Wausau, WI 54401-2472 | | |
| V | John C. Sickels | 1800 West Bridge Street | | |
| | | Wausau, WI 54401-2472 | | |
| V | Christine P. Thomas | 115 West Wausau Avenue | | X |
| | | Wausau, WI 54401-2875 | | |
| V | Bryan L. Troyer | 1800 West Bridge Street | | |
| | | Wausau, WI 54401-2472 | | |
| S | Paul Buchberger | 1800 West Bridge Street | | |
| | | Wausau, WI 54401-2472 | | |