2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90353 022 ***150.00

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1. Entity Name
WAUSAU BENEFITS, INC.

44039969

Principal Place of Business	Mailing Address
115 WEST WAUSAU AVENUE WAUSAU, WI 54401	6160 SUMMIT DRIVE SUITE 500 BROOKLYN CENTER, MN 55430

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 39-1995276 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOORE, ALFRED P 115 W WAUSAU AVE WAUSAU, WI 54401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/Chief Executive Officer Moore, Alfred P. 115 W. Wausau Ave. Wausau, WI 54401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BENSON, MICHAEL 1800 WEST BRIDGE STREET WAUSAU, WI 54401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/Exec. Vice President Anliker, Jay M. 11 Scott Street, Suite 100 Wausau, WI 54403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HERMEL, OREN 1800 WEST BRIDGE STREET WAUSAU, WI 54401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Hermel, Oren J. 11 Scott Street, Suite 100 Wausau, WI 54403	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MISCHLER, NICHOLAS 115 W WAUSAU AVE WAUSAU, WI 54401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/ Chief Financial Officer Wulf, Robert W. 11 Scott Street, Suite 100 Wausau, WI 54403	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SICKELS, JOHN 1800 WEST BRIDGE STREET WAUSAU, WI 54401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Sjobeck, Jeffrey J. 6160 Summit Drive, Suite 500 Brooklyn Center, MN 55430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TROYER, BRIAN 1800 WEST BRIDGE STREET WAUSAU, WI 54401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Troyer, Bryan L. 11 Scott Street, Suite 100 Wausau, WI 54403	☒ Change ☐ 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: _____, Jeffrey J. Sjobeck 4/28/04 (763) 549-3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #