

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90353 022 ***150.00

DOCUMENT # F00000003464	
1. Entity Name WAUSAU BENEFITS, INC.	

Principal Place of Business 115 WEST WAUSAU AVENUE WAUSAU, WI 54401	Mailing Address 6160 SUMMIT DRIVE SUITE 500 BROOKLYN CENTER, MN 55430
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44039969



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

04262004 Chg-P CR2E034 (10/03)

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	

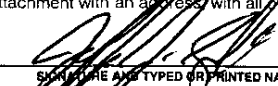
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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
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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 ☒ Change ☐ Addition Moore, Alfred P. 115 W. Wausau Ave. Wausau, WI 54401
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 ☐ Change ☒ Addition Anliker, Jay M. 11 Scott Street, Suite 100 Wausau, WI 54403
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 ☒ Change ☐ Addition Hermel, Oren J. 11 Scott Street, Suite 100 Wausau, WI 54403
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 ☐ Change ☒ Addition Wulf, Robert W. 11 Scott Street, Suite 100 Wausau, WI 54403
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 ☐ Change ☒ Addition Sjoberg, Jeffrey J. 6160 Summit Drive, Suite 500 Brooklyn Center, MN 55430
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 ☒ Change ☐ Addition Troyer, Bryan L. 11 Scott Street, Suite 100 Wausau, WI 54403

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. Sjoberg** 4/28/04 (763) 549-3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #