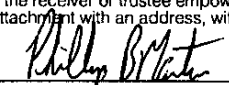


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90150 023 ***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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 39-1995276	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. 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, 2005 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	PCEO MOORE, ALFRED P 115 W WAUSAU AVE WAUSAU, WI 54401 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moore, Alfred P 6160 Summit Dr., Suite 500 Brooklyn Center, MN 55430 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANLIKER, JAY M 11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/Chief Executive Officer 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	TCFO WULF, ROBERT W 11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/CF0 Czech, Bruce 11 Scott Street, Ste. 100 Wausau, WI 54403 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SJOBECK, JEFFREY J 6160 SUMMIT DRIVE, SUITE 500 BROOKLYN CENTER, MN 55430 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TROYER, BRIAN 11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Troyer, Bryan 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: 		Phillip B. Martin		4/26/05 (763)549-3350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Wausau Benefits, Inc. – Additional Officers

<u>Title</u>	<u>Name</u>	<u>Address</u>
General Counsel & Secretary	Paul M. Buchberger	11 Scott Street, Suite 100, Wausau, WI 54403
Assistant Secretary	Phillip B. Martin	6160 Summit Drive, Suite 500, Brooklyn Center, MN 55430

Attachment
20054628
#F0000000 3464