2006 FOR PROFIT CORPORATION

Apr 28, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #F0000003464** 04-28-2006 90164 016 ***150.00 1. Entity Name WAUSAU BENEFITS, INC. Principal Place of Business Mailing Address 115 WEST WAUSAU AVENUE 115 WEST WAUSAU AVENUE WAUSAU, WI 54401 WAUSAU, WI 54401 3. Mailing Address 2. Principal Place of Business P.O. Box 8076 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04132006 Chg-P Applied For City & State 4. FEI Number City & State Not Applicable 39-1995276 <u>Wausau, WI</u> Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 54402-8076 U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE MOORE, ALFRED P NAME Moore, Alfred P. NAME 5500 Wayzata Blvd., Suite 500 Golden Valley, MN 55416 STREET ADDRESS 115 WEST WAUSAU AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUSAU, WI 54401 D/P/CEO (X) Change TITLE DPC ☐ Delete TITLE ☐ Addition Anliker, Jay M. 11 Scott Street, Suite 100 ANLIKER, JAY M NAME NAME 11 SCOTT STREET, SUITE 100 STREET ADDRESS STREET ADDRESS **WAUSAU, WI 54403** CITY-ST-ZIP Wausau. WI 54403 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERMEL, OREN NAME NAME STREET ADDRESS STREET ADDRESS 11 SCOTT STREET, STE 100 WAUSAU, WI 54403 CITY-ST-ZIP CITY-ST-ZIP TITLE **TCFO** ☐ Delete TITLE ☐ Change Addition NAME CZECH, BRUCE NAME STREET ADDRESS STREET ADDRESS 11 SCOTT STREET, SUITE 100 CITY-ST-ZIP WAUSAU, WI 54403 CITY-ST-ZIP Change Delete |Assistant Secretary ☐ Addition TITI F TITLE Sjobeck, Jeffrey J. SJOBECK, JEFFREY J NAME NAME 5500 Wayzata Blvd., Suite 500 Golden Valley, MN 55416 STREET ADDRESS STREET ADDRESS 6160 SUMMIT DRIVE, SUITE 500 CITY-ST-ZIP BROOKLYN CENTER, MN 55430 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE TROYER, BRYAN NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

11 SCOTT STREET, SUITE 100

WAUSAU, WI 54403

Phillip B. Martin

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(763)549-3350

FILED

Daytime Phone #

ATTACHMENT

Wausau Benefits, Inc., FEI #39-1995276 2006 For Profit Corporation Annual Report Continuation of Item #11

Additional Officers of

Wausau Benefits, Inc.

| TITLE | S/ General Counsel | ☐ Change ☒ Addition |
|----------------|-------------------------------|---------------------|
| NAME | Buchberger, Paul M. | |
| STREET ADDRESS | 11 Scott Street, Suite 100 | |
| CITY-ST-ZIP | Wausau, WI 54403 | |
| TITLE | Assistant Secretary | ☐ Change ☒ Addition |
| NAME | Martin, Phillip B. | |
| STREET ADDRESS | 5500 Wayzata Blvd., Suite 500 | |
| CITY-ST-ZIP | Golden Valley, MN 55416 | |