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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

100002475551--3  
-04/01/88-01078-005  
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SUBJECT: Wausau General Insurance Company  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bernie M. Schilling (MS1230)  
(Name of Person)

Wausau Insurance Companies  
(Firm/Company)

P.O. Box 8017  
(Address)

Wausau, WI 54402-8017  
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

Bernie M. Schilling at ( 715 ) 842 - 6642.  
(Name of Person) Area Code & Daytime Telephone Number

Enclosed please find a self-addressed overnight package for your convenience in returning the filed documents and certificate of status.

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. Wausau General Insurance Company  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois 3. 36-2753986  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 10, 1972 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 1431 Opus Place  
Downers Grove, IL 60515-1169  
(Current mailing address)
8. Transact insurance business  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Insurance Commissioner  
Office Address: Capitol  
Tallahassee, Florida, 32399-0300  
(Zip Code)
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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Insurance Commissioner

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)  
See attachment

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)- See attachment

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. W. C. Olafsson  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. W. C. Olafsson, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

Wausau General Insurance Company

Questions 12.A & 12.B

NAME	ADDRESS	TITLE
Lewis J. Alphin	519 Bethel Church Road Mount Olive, NC 28365	Director
Galen R. Barnes	One Nationwide Plaza Columbus, OH 43215	Director and Vice Chairman
Dwight E. Davis	2000 Westwood Drive Wausau, WI 54401	Director, President and Chief Operating Officer
Keith W. Eckel	1647 Fall Road Clarks Summit, PA 18411	Director
Willard J. Engel	301 East Marshall Street Marshall, MN 56258	Director
Fred C. Finney	1558 West Moreland Road Wooster, OH 44691	Director
Charles L. Fuellgraf, Jr.	600 South Washington Street Butler, PA 16001	Director
Henry S. Holloway	1247 Stafford Road Darlington, MD 21034	Director
Dimon R. McFerson	One Nationwide Plaza Columbus, OH 43215	Director, Chairman and Chief Executive Officer- Nationwide Insurance Enterprise
David O. Miller	115 Sprague Drive Hebron, OH 43025	Director and Chairman of the Board
C. Ray Noecker	2770 Winchester Southern South Ashville, OH 43101	Director
San W. Orr, Jr.	PO Box 65 Wausau, WI 54402-0065	Director
Michael L. Parker	1431 Opus Place Downers Grove, IL 60515-1169	Director
James F. Patterson	8765 Mulberry Road Chesterland, OH 44026	Director
Arden L. Shisler	1356 North Wenger Road Dalton, OH 44618-9706	Director
Robert L. Stewart	88740 Fairview Road Jewett, OH 43986	Director
Nancy C. Thomas	10835 Georgetown Street Northeast Louisville, OH 44641	Director
John P. Thorrick	1431 Opus Place Downers Grove, IL 60515-1169	Director, Treasurer and Assistant Secretary
Harold W. Weihl	14282 King Road Bowling Green, OH 43402	Director
Martin J. Welch	1431 Opus Place Downers Grove, IL 60515-1169	Director and Vice President

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NAME	ADDRESS	TITLE
Scott R. Isaacson	2000 Westwood Drive Wausau, WI 54401	Executive Vice President, Risk Management Group
Robert A. Oakley	One Nationwide Plaza Columbus, OH 43215	Executive Vice President- Chief Financial Officer
Douglas C. Robinette	2000 Westwood Drive Wausau, WI 54401	Executive Vice President, Customer Services
Robert J. Woodward, Jr.	One Nationwide Plaza Columbus, OH 43215	Executive Vice President- Chief Investment Officer
W. Sidney Druen	One Nationwide Plaza Columbus, OH 43215	Senior Vice President and General Counsel and Assistant Secretary
Jay M. Anliker	2000 Westwood Drive Wausau, WI 54401	Vice President, Financial Services, and Assistant Secretary
Dennis W. Click	One Nationwide Plaza Columbus, OH 43215	Vice President and Secretary
Douglas W. Doede	2000 Westwood Drive Wausau, WI 54401	Vice President, National Accounts Underwriting
Michael A. Flack	One Nationwide Plaza Columbus, OH 43215	Vice President, Internal Audit
David M. Haggerty	2000 Westwood Drive Wausau, WI 54401	Vice President
Edward W. Hancock	2000 Westwood Drive Wausau, WI 54401	Vice President
J. Stanley Hoffert	2000 Westwood Drive Wausau, WI 54401	Vice President - Associate General Counsel and Assistant Secretary
Thomas K. Manion	2000 Westwood Drive Wausau, WI 54401	Vice President and Controller
Edwin P. McCausland, Jr.	One Nationwide Plaza Columbus, OH 43215	Vice President, Fixed Income Securities
Dennis C. Mealy	2000 Westwood Drive Wausau, WI 54401	Vice President
Dick L. Moy	2000 Westwood Drive Wausau, WI 54401	Vice President, Claim Services
John F. Delaloye	One Nationwide Plaza Columbus, OH 43215	Assistant Secretary
W. Craig Olafsson	2000 Westwood Drive Wausau, WI 54401	Assistant Secretary
Duane M. Campbell	One Nationwide Plaza Columbus, OH 43215	Assistant Treasurer
Wayne T. Frisbee	One Nationwide Plaza Columbus, OH 43215	Assistant Treasurer
John S. Torr�ns	2000 Westwood Drive Wausau, WI 54401	Assistant Treasurer

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AMENDED CERTIFICATE OF AUTHORITY

# STATE OF ILLINOIS

## DEPARTMENT OF INSURANCE



Whereas, the WAUSAU GENERAL INSURANCE COMPANY

located at DOWNERS GROVE, in the State of ILLINOIS  
has complied with all the requirements of the "ILLINOIS INSURANCE CODE" applicable to  
said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do  
hereby authorize the said Company to transact its appropriate business as set forth under  
Clause(s) \_\_\_\_\_

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

of Section 4 of the "ILLINOIS INSURANCE CODE" in this State, in accordance with the  
laws thereof.

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### In Testimony Whereof,

*I hereto set my hand and cause to be affixed the Seal of my office.*

Done at the City of Springfield, this 5<sup>th</sup>  
day of January, 19 98

Mark Boozell

Director of Insurance

By: [Signature]