

F98000000/870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

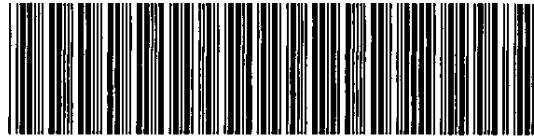
(Business Entity Name)

(Document Number)

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*Amend*

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07 MAR 12 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts MAR 15 2007

*Me'l K...*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wausau General Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** F98000001880

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernie M. Schilling (WAU1230)

(Name of Contact Person)

Wausau General Insurance Company

(Firm/Company)

P.O. Box 8017

(Address)

Wausau, WI 54402-8017

(City/State and Zip Code)

For further information concerning this matter, please call:

Bernie Schilling

(Name of Contact Person)

at ( 715 )

842-6642

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &  
Certificate of Status

☐

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F98000001880

(Document number of corporation (if known))

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
07 MAR 12 PM 12:20  
FILED

1. Wausau General Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. Illinois 3. April 1, 1998  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Wisconsin

(New jurisdiction)

W. Craig Olafsson  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

W. Craig Olafsson

(Typed or printed name of person signing)

Assistant Vice President,  
Counsel and Assistant Secretary

(Title of person signing)



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Tommy G. Thompson  
Governor

Connie L. O'Connell  
Commissioner

July 21, 1999

121 East Wilson Street • P.O. Box 7873  
Madison, Wisconsin 53707-7873  
Phone: (608) 266-3585 • Fax: (608) 266-9935  
E-Mail: [ocioci@mail.state.wi.us](mailto:ocioci@mail.state.wi.us)  
[http://badger.state.wi.us/agencies/oci/oci\\_home.htm](http://badger.state.wi.us/agencies/oci/oci_home.htm)

W CRAIG OLAFSSON  
ASST VICE PRESIDENT  
WAUSAU INSURANCE COMPANIES  
P O BOX 8017  
WAUSAU WI 54402-8017

Re: Redomestication of Wausau General Ins. Co.

Dear Mr. Olafsson:

This office has reviewed your application for the redomestication of Wausau General Insurance Company from Illinois to Wisconsin. Please be advised that this office hereby approves the redomestication, pursuant to s. 611.223, Wis. Stat., effective August 1, 1999.

If you have any further questions regarding this item, please feel free to contact me at (608) 267-4384.

Sincerely,

Roger A. Peterson  
Insurance Examiner Supervisor  
Bureau of Financial Analysis and Examinations

RAP: