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R.A.

SEP - 5 2012 T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 4, 2012

ORDER TIME : 2:53 PM

ORDER NO. : 334440-005

CUSTOMER NO:

6408A

CHANGE OF AGENT

Please give to Teresa Brown in Amendments *

NAME:

WAUSAU GENERAL INSURANCE

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

Dunlap, Carina

From:

Coleman, Lynette

Sent:

Tuesday, September 04, 2012 2:40 PM

To: Cc: Dunlap, Carina Branch, Robert

Subject:

FW: Wausau General Insurance Company

Hi Carina – here is the email from Pam. I recommend calling a supervisor at the SOS and explaining what the situation is. If it helps to forward this email, that's fine. But it will most likely need special assistance to get filed. Thank you!

Lyn

From: Edenfield, Pam [mailto:Pam.Edenfield@myfloridacfo.com]

Sent: Wednesday, August 29, 2012 2:35 PM

To: Coleman, Lynette

Subject: RE: Wausau General Insurance Company

This company withdrew as an authorized insurance company in Florida, so we are no longer their RA. They can still be a corporation in Florida and designate CSC as their Registered Agent with the Secretary of State. Does this make since?

Pam Edenfield
Service of Process Manager
Florida Department of Financial Services
PO Box 6200
Tallahassee, FL 32314-6200
850-413-4102 Phone
850-922-2544 Fax

From: Coleman, Lynette [mailto:lcoleman@cscinfo.com]

Sent: Wednesday, August 29, 2012 2:25 PM

To: Edenfield, Pam

Subject: Wausau General Insurance Company

Hi Pam,

Our customer, Wausau General Insurance Company has asked us to change the Registered Agent on file with the Secretary of State of FL. I reviewed their filing at the Division of Corps and do see it, but there is no agent reflected on the database. On their Annual Report filings, it shows the CFO. This puzzled me so I checked your database and don't see them listed at all. Should they be? They are a Wisconsin company registered to do business in Florida.

Thanks for your help!

Lynette Coleman Customer Service Leader Corporation Service Company 800-927-9801 ext. 2944 850-688-8202 (mobile) www.cscglobal.com

CSC named #1 for Entity Management and #2 for Matter Management in the New York Law Journal. Click here to learn more!

COVER LETTER

	nent Section n of Corporations				
SUBJECT:	AUSAU GENERAL INSURANCE	COMPANY			
	Name of C	orporation			
DOCUMENT I	NUMBER:	· .			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all	correspondence concerning this matter	to the following:			
	Gina Hudson				
	Name of Cor	tact Person			
	Liberty Mutual Insurance Con	npany			
	Firm/Co	mpany			
	175 Berkeley Street				
	Addi	ess			
	Boston, MA 02116				
•	City/State an	d Zip Code			
gina.hudson@libertymutual.com					
	E-mail address: (to be used for for	nture annual report notification)			
For further infor	mation concerning this matter, please o	all:			
Gina Hudson		at (617) 654-4825 Area Code & Daytime Telephone Number			
<u>}</u>	lame of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$3	5.00 check made payable to the Depart	ment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
	Tallahassee, FL 32314	Tallahagaa El 22201			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of $\overline{ ext{W}}$	isconsin	
in orde	er to change its registered office or registered agent, or both, in the State of Flo	rida.	
1. The name of	the corporation: WAUSAU GENERAL INSURANCE COMPANY		
2. The principal	office address: 175 BERKELEY STREET BOSTON MA 02116		
_	address (if different):		, .
4. Date of incorp	poration/qualification: 04/01/1998 Document number: F9800000	01880	
5. The name and	d street address of the current registered agent and registered office on file with etment of State: (If resigned, enter resigned)		
	None		<u>-2</u>
		12	SEC
		4- 43S	왔
		+	F C
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	P 2	CORPORATION
	Corporation Service Company	t: t0	ATIE
	1201 Hays Street]
	P.O. Box NOT acceptable		
	Tallahassee, FL 32301		
The street addre as changed will	ess of its registered office and the street address of the business office of its rebe identical.	gistered agent	t,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer so	
Kist	Kristin L. Kelley, Assistant Sec	cretary	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm Corporatio By:	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comple my duties, and I am familiar with and accept the obligation of my position as s document is being filed merely to reflect a change in the registered office at that the corporation has been notified in writing of this change. In Service Company	te registered ddress, I	
If signing on bel	Asst. Vice President		
ıy	ped or Printed Name * * * FILING FEE: \$35.00 * * *		

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)