


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 042 ***150.00

| | |
|---|---|
| DOCUMENT # P33147 1. Entity Name GENERAL CASUALTY COMPANY OF WISCONSIN |  |
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|---|---|
| Principal Place of Business ONE GENERAL DRIVE SUN PRAIRIE, WI 53596 | Mailing Address ONE GENERAL DRIVE SUN PRAIRIE, WI 53596 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



04182006 Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 39-0301590 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | TDV PARKER, THOMAS A ONE GENERAL DRIVE SUN PRAIRIE, WI 53596 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V/D Thomas A. Parker One General Drive, Sun Prairie, WI 53596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D POLLOCK, JOHN R. ONE GENERAL DRIVE SUN PRAIRIE, WI 53596 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/C John R. Pollock One General Drive, Sun Prairie, WI 53596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP KALINA, RICHARD B ONE GENERAL DRIVE SUN PRAIRIE, FL 53596 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V Richard B. Kalina One General Drive, Sun Prairie, WI 53596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD SMITH, ANNE B. ONE GENERAL DRIVE SUN PRAIRIE, WI <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MCPARTLAND, PETER G ONE GENERAL DR SUN PRAIRIE, WI 53596 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V/D Laura K. Hinson One General Drive, Sun Prairie, WI 53596 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne B. Smith Anne B. Smith 4/26/2006 608.837.4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40066484

General Casualty Company of Wisconsin

P33/47

10. Officers and Directors

| Title | Name | Street Address | City-State-Zip | |
|-------|------------------|-------------------|-----------------------|----------|
| V/D | Paul H. Schulte | One General Drive | Sun Prairie, WI 53596 | Addition |
| V/T | John R. Schanen | One General Drive | Sun Prairie, WI 53596 | Addition |
| V | Andrew J. Doll | One General Drive | Sun Prairie, WI 53596 | Addition |
| V/D | Kip J. Kobussen | One General Drive | Sun Prairie, WI 53596 | Addition |
| V | Michael J. Bauer | One General Drive | Sun Prairie, WI 53596 | Addition |
| V | Roger L. Kaland | One General Drive | Sun Prairie, WI 53596 | Addition |