



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000153397

**2. Name of Corporation** Wausau Disability Benefits, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 11 SCOTT STREET SUITE 100

City or Town: WAUSAU

State: WI

Zip: 54403

Country: USA

**4. Business Phone No.**

715-841-2000

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

EMPLOYEE BENEFIT PLAN ADMINISTRATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	ROBERT W OBERRENDER	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	PAUL BUCHBERGER	11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403 USA
ASSISTANT SECRETARY	JUANITA B. LUIS	5901 LINCOLN DRIVE EDINA, MN 55436 USA
PRESIDENT	JAY M ANIKER	11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403-4808 USA
DIRECTOR	JAY M ANLIKER	11 SCOTT STREET, SUITE 100 WAUSAU, WI 54403 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	1,000.00	1000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 23 Day of February, 2009 at 3:49:07 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JUANITA B. LUIS  
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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