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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2011

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.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAY MICHAEL ANLIKER	11 SCOTT STREET SUITE 100 WAUSAU, WI 54403 USA
TREASURER	ROBERT WORTH OBERRENDER	11 SCOTT STREET SUITE 100 WAUSAU, WI 54403 USA
SECRETARY	PAUL MICHAEL BUCHBERGER	11 SCOTT STREET SUITE 100 WAUSAU, WI 54403 USA
VICE PRESIDENT	JOHN WILLIAM KELLY	11 SCOTT STREET SUITE 100 WAUSAU, WI 54403 USA
DIRECTOR	JAY MICHAEL 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 *Number of Shares*	Total Issued and Outstanding *Num of Shares*
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 31 Day of March, 2011 at 2:39:51 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 MANDELINE HENDRICKS
Signature of Authorized Representative of the Corporation

POA
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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