

1.) CORPORATION NAME:

Wausau Business Insurance Company

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1226648**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 WESTWOOD DRIVE

CITY/ST/ZIP: WAUSAU, WI 54401

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID H LONG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	DEXTER R LEGG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	175 BERKLEY STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	KRISTIN L KELLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	LAURANCE HS YAHIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	A. ALEXANDER FONTANES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	DENNIS J LANGWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER C MANSFIELD DIRECTOR 175 BERKELEY ST BOSTON, MA 02116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER L PEIRCE PRESIDENT 175 BERKELEY ST BOSTON, MA 02116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY M SWEENEY DIRECTOR 175 BERKELEY ST BOSTON, MA 02116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KRISTIN L KELLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KRISTIN L KELLEY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/16/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			