FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:16

DOCUMENT # 808505 (2)

1. Corporation Name
NORTHWESTERN NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
20 WASHINGTON AVE. S. MINNEAPOLIS MINNESOTA 55401-1909	20 WASHINGTON AVE. S. MINNEAPOLIS MINNESOTA 55401-1909

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1951
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 41-0451140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature of new registered agent, if applicable) NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCOO	11 TITLE	SVP	☐ Change ☒ Addition
NAME	FLITTIE, JOHN H.	12 NAME	David F. Hill	
STREET ADDRESS	20 WASHINGTON AVENUE, SOUTH	13 STREET ADDRESS	20 Washington Ave S.	
CITY-ST-ZIP	MINNEAPOLIS MN	14 CITY-ST-ZIP	Mpls, Mn 55401	
TITLE	CCEO	21 TITLE	SVP	☐ Change ☒ Addition
NAME	TURNER, JOHN G.	22 NAME	Craig R. Redby	
STREET ADDRESS	20 WASHINGTON AVE S.	23 STREET ADDRESS	20 Washington Ave S.	
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP	Mpls., Mn 55401	
TITLE	VPS	31 TITLE	SVP	☐ Change ☒ Addition
NAME	SANNER, ROYCE N.	32 NAME	Robert C. Salipante	
STREET ADDRESS	20 WASHINGTON AVE S.	33 STREET ADDRESS	20 Washington Ave S.	
CITY-ST-ZIP	MINNEAPOLIS MN	34 CITY-ST-ZIP	Mpls., Mn 55401	
TITLE	VPT	41 TITLE		☐ Change ☐ Addition
NAME	HUNEKE, WAYNE R.	42 NAME		
STREET ADDRESS	20 WASHINGTON AVE S.	43 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	44 CITY-ST-ZIP		
TITLE	SVP	51 TITLE		☐ Change ☐ Addition
NAME	CONLEY, MICHAEL J.	52 NAME		
STREET ADDRESS	20 WASHINGTON AVE S.	53 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	54 CITY-ST-ZIP		
TITLE	SVP	61 TITLE	SVP	☒ Change ☐ Addition
NAME	DUBES, MICHAEL J.	62 NAME	Dubes, Michael J. (Jule)	
STREET ADDRESS	20 WASHINGTON AVE S.	63 STREET ADDRESS	20 Washington Ave S.	
CITY-ST-ZIP	MINNEAPOLIS MN	64 CITY-ST-ZIP	Mpls., Mn 55401	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Richard M. Brown 2-8-95 612-372-5260
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Telephone Number)

0447A43 PP