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Mailing Address

720 E. WISCONSIN AVE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000002544

Principal Place of Business 720 E. WISCONSIN AVE

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

Time	MILWAUKEE WI 53202		MILWAUKEE WI 53202		DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 2a. Mailing Address 3c. PER Number 3c. 2288318 3c. Address					1	,	
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City & State City & State City & City	-	#, etc.	 		5. Certifcate of Status Desired -		
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Zip	¬ '	•	<u>-</u>			•	
3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INSURANCE COMMISSIONER OF THE STATE OF FLO FLETCHER BLIDG. RM: 524 101 E. GAINES ST.: TALLAHASSEE FL 32339-0300 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 Florids. Such change suphicitized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change suphicitized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change suphicitized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change suphicitized by the corporation submits this statement for the purpose of changing its registered office or registered agent. I mile accept the obligation of Suchon 697, 4095, Florida Statutes. 11. Pursuant to the provisions of Sections 807,0502 and 607, 5095, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of difference. I hereby accept the appointment as registered agent and the corporation submits this statement for the purpose of changing its registered of difference. I hereby accept the appointment as registered agent and the corporation submits this statement for the purpose of change in changing its registered agent and the corporation submits this statement for the purpose of change in changing its registered agent and the corporation submits this statement for the purpose of change in changing its registered agent and the corporation submits this statement for the purpose of changing its registered agent and the corporation appointment agent and the corporat		Country		untry			
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SIGNATURE:

14. I hereby certify that the information supplied with this filing 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 if changed, or on a stated ment with an address, with all other like empowered.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90095 023 ***150.00