## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # F98000002544 1. Entity Name NORTHWESTERN LONG TERM CARE INSURANCE COMPANY 03-20-2000 90062 032 \*\*\*150.00 Principal Place of Business Mailing Address 720 E. WISCONSIN AVE 720 E. WISCONSIN AVE MILWAUKEE WI 53202 MILWAUKEE WI 53202-4703 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-2258318 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32399 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDCE TITLE ☐ Delete TITLE ☐ Change Addition ERICSON, JAMES D NAME NAME 720 E. WISCONSIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53202 ۷S S/GC Addition ☐ Delete TITLE XX Change TITLE BREMER, JOHN M NAME NAME 720 E. WISCONSIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE WI 53202 V/T XX Change Addition Delete\_\_ TITLE TITLE LONG, GARY E NAME NAME 720 E. WISCONSIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILWAUKEE WI 53202 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE. KOENIG, WILLIAM C NAME NAME 720 E. WISCONSIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILWAUKEE WI 53202 CITY-ST-ZIP X Defete ☐ Change Addition TITLE

13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

De!ete

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HALL, RICHARD L

HEWITT, GARY M

720 E. WISCONSIN AVE

MILWAUKEE WI 53202

720 E. WISCONSIN AVE

MILWAUKEE WI 53202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000 John M. Bremer

Milwaukee, WI

Milwaukee, WI

Hagen, Ronald D.

720 E. Wisconsin

V/D

Bruce, Peter W. 720 E. Wisconsin Ave.

(

53202

(414) . 299-2510

XX Addition

☐ Change

e Daytime Phone #