

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90077 044 ***150.00

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1. Entity Name
 NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

Principal Place of Business Mailing Address
 720 E. WISCONSIN AVE 720 E. WISCONSIN AVE
 MILWAUKEE, WI 53202 MILWAUKEE, WI 53202

94028857



03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 36-2258318

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCED Delete
 NAME ZORE, EDWARD J
 STREET ADDRESS 720 E. WISCONSIN AVE
 CITY-ST-ZIP MILWAUKEE, WI 53202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME BREMER, JOHN M
 STREET ADDRESS 720 E. WISCONSIN AVE
 CITY-ST-ZIP MILWAUKEE, WI 53202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VT Delete
 NAME CATLETT, STEVEN T
 STREET ADDRESS 720 E. WISCONSIN AVE
 CITY-ST-ZIP MILWAUKEE, WI 53202

TITLE VT Change Addition
 NAME Kelly, John C.
 STREET ADDRESS 720 East Wisconsin Avenue
 CITY-ST-ZIP Milwaukee, WI 53202

TITLE VD Delete
 NAME KOENIG, WILLIAM C
 STREET ADDRESS 720 E. WISCONSIN AVE
 CITY-ST-ZIP MILWAUKEE, WI 53202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CD Delete
 NAME BRUCE, PETER W
 STREET ADDRESS 720 E. WISCONSIN AVE
 CITY-ST-ZIP MILWAUKEE, WI 53202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME HAGEN, RONALD D
 STREET ADDRESS 720 E. WISCONSIN AVE
 CITY-ST-ZIP MILWAUKEE, WI 53202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *John C. Kelly* John C. Kelly 3/10/04 414-665-2313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

~~#F9 8000002544~~

State of Florida

2004 For Profit Corporation Annual Report

Northwestern Long Term Care Insurance Company

69000

Additional Executive Officers and Directors

720 East Wisconsin Avenue
Milwaukee, Wisconsin 53202

S Berdan, Robert J. Secretary and General Counsel

D Hall, Richard L. Director

VD Maynard, Meridee J. Vice President and Director

SBS
3/9/04
