


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000002544  
 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



D2132006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 36-2258318      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCED
NAME	ZORE, EDWARD J
STREET ADDRESS	720 E. WISCONSIN AVE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	D
NAME	BREMER, JOHN M
STREET ADDRESS	720 E. WISCONSIN AVE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	VT
NAME	KELLY, JOHN C
STREET ADDRESS	720 EAST WISCONSIN AVE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	VD
NAME	KOENIG, WILLIAM C
STREET ADDRESS	720 E. WISCONSIN AVE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	CD
NAME	BRUCE, PETER W
STREET ADDRESS	720 E. WISCONSIN AVE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	S
NAME	BERDAN, ROBERT J
STREET ADDRESS	720 EAST WISCONSIN AVE
CITY-ST-ZIP	MILWAUKEE, WI 53202

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 03/22/06 80013-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.

SIGNATURE: John C Kelly    JOHN C KELLY    3/8/06    414-665-2335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR      Date      Daytime Phone #