

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002544

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

**Current Principal Place of Business:**

720 E. WISCONSIN AVE  
MILWAUKEE, WI 53202

**New Principal Place of Business:**

**Current Mailing Address:**

720 E. WISCONSIN AVE  
MILWAUKEE, WI 53202

**New Mailing Address:**

FEI Number: 36-2258318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCED ( ) Delete  
Name: ZORE, EDWARD J  
Address: 720 E. WISCONSIN AVE  
City-St-Zip: MILWAUKEE, WI 53202

Title: D ( ) Delete  
Name: BREMER, JOHN M  
Address: 720 E. WISCONSIN AVE  
City-St-Zip: MILWAUKEE, WI 53202

Title: VT ( ) Delete  
Name: KELLY, JOHN C  
Address: 720 EAST WISCONSIN AVE.  
City-St-Zip: MILWAUKEE, WI 53202

Title: VD ( ) Delete  
Name: KOENIG, WILLIAM C  
Address: 720 E. WISCONSIN AVE  
City-St-Zip: MILWAUKEE, WI 53202

Title: CD ( ) Delete  
Name: BRUCE, PETER W  
Address: 720 E. WISCONSIN AVE  
City-St-Zip: MILWAUKEE, WI 53202

Title: S ( ) Delete  
Name: BERDAN, ROBERT J  
Address: 720 EAST WISCONSIN AVE  
City-St-Zip: MILWAUKEE, WI 53202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VT (X) Change ( ) Addition  
Name: HEWITT, GARY M  
Address: 720 EAST WISCONSIN AVE.  
City-St-Zip: MILWAUKEE, WI 53202

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: KELLY, JOHN C  
Address: 720 E. WISCONSIN AVE  
City-St-Zip: MILWAUKEE, WI 53202

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA NOVINSKA

AT

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date