

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002544

FILED
Feb 28, 2012
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
E11B
MILWAUKEE, WI 53202

New Mailing Address:

720 E. WISCONSIN AVE
E11C
MILWAUKEE, WI 53202

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SCHLIFSKE, JOHN E
Address: 720 E. WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: D
Name: SCHOON, TODD M
Address: 720 E. WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

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

Title: VD
Name: REMSTAD, DAVID R
Address: 720 E. WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: VCON
Name: KELLY, JOHN C
Address: 720 E. WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: S
Name: MANISTA, RAYMOND J
Address: 720 EAST WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

I hereby 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 all other like empowered.

SIGNATURE: ANGELA JANDA

AT

02/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date