

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000002544

**Entity Name:** NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC6832415736**

**Current Principal Place of Business:**

720 E. WISCONSIN AVE  
MILWAUKEE, WI 53202

**Current Mailing Address:**

720 E. WISCONSIN AVE  
T08  
MILWAUKEE, WI 53202 US

**FEI Number: 36-2258318**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
SERVICE OF PROCESS SECTION  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-4201 US

*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

**Officer/Director Detail :**

Title PCEO  
Name WILLIAMS-KEMP, KAMILAH D  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

Title CHAIRMAN, DIRECTOR  
Name GROGAN, JOHN M  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

Title VT  
Name MOLLOY, KAREN A  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

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

Title VCON  
Name JONES, TODD M  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

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

Title ASST. TREASURER  
Name LEWANDOSKI, LEAH K  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

Title VCFO  
Name CARTER, MICHAEL G  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

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*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: LEAH LEWANDOSKI**

**ASSISTANT TREASURER 04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VD  
Name JOELSON, RONALD P  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

Title OFFICER  
Name CUFFIE, SHELDON  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name BARSCH, REBEKAH B  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

Title VP  
Name CADOTTE, LISA A  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name SCHMIDT, CALVIN R  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name GUAY, THOMAS C  
Address 720 E. WISCONSIN AVE  
City-State-Zip: MILWAUKEE WI 53202