# 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002544

Entity Name: NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

**FILED** Mar 08, 2013 Secretary of State CC7301735754

# **Current Principal Place of Business:**

720 E. WISCONSIN AVE MILWAUKEE. WI 53202

# **Current Mailing Address:**

720 E. WISCONSIN AVE

E11C

MILWAUKEE. WI 53202

FEI Number: 36-2258318 Certificate of Status Desired: No.

# Name and Address of Current Registered Agent:

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

City-State-Zip:

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

**PCEO** Title Title D

SPERKA, STEVE P SCHOON, TODD M Name Name Address 720 E. WISCONSIN AVE Address 720 E. WISCONSIN AVE MILWAUKEE WI 53202 City-State-Zip: MILWAUKEE WI 53202 City-State-Zip:

Title ۷D Title VT

Name REMSTAD, DAVID R Name MOLLOY, KAREN A 720 E. WISCONSIN AVE Address 720 E. WISCONSIN AVE Address City-State-Zip: MILWAUKEE WI 53202 City-State-Zip: MILWAUKEE WI 53202

Title S Title **VCON** 

Name MANISTA, RAYMOND J Name KELLY, JOHN C Address 720 EAST WISCONSIN AVE Address 720 E. WISCONSIN AVE City-State-Zip: MILWAUKEE WI 53202

Title ASST. TREASURER Name JANDA, ANGELA J Address 720 E. WISCONSIN AVE MILWAUKEE WI 53202 City-State-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.

03/08/2013 ASSISTANT TREASURER SIGNATURE: ANGELA JANDA