

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002544

Entity Name: NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

FILED
Feb 27, 2014
Secretary of State
CC7574653463

Current Principal Place of Business:

720 E. WISCONSIN AVE
MILWAUKEE, WI 53202

Current Mailing Address:

720 E. WISCONSIN AVE
W04NW
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 SPERKA, STEVE P
Address 720 E. WISCONSIN AVE
City-State-Zip: MILWAUKEE WI 53202

Title D
Name SCHOON, TODD 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 KELLY, JOHN C
Address 720 E. WISCONSIN AVE
City-State-Zip: MILWAUKEE WI 53202

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

Title ASST. TREASURER
Name JANDA, ANGELA J
Address 720 E. WISCONSIN AVE
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.

SIGNATURE: ANGELA JANDA

ASSISTANT TREASURER 02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date