


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 800622 1. Entity Name NORTHWESTERN NATIONAL INSURANCE CO	
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Principal Place of Business 709 CURTIS ST. MIDDLETOWN, OH 45044 US	Mailing Address 709 CURTIS ST. MIDDLETOWN, OH 45044 US
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-0509630

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS


TITLE	S
NAME	PLYE, JOSEPH W
STREET ADDRESS	703 CURTIS ST
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	VTD
NAME	SEITZ, THOMAS W
STREET ADDRESS	709 CURTIS ST
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	PD
NAME	BLACHE, ERNEST
STREET ADDRESS	709 CURTIS ST.
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	D
NAME	MITTERHOLZER, DOUGLAS
STREET ADDRESS	709 CURTIS STREET
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	D
NAME	SUSSMAN, GARY
STREET ADDRESS	709 CURTIS STREET
CITY-ST-ZIP	MIDDLETOWN, OH 45044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/05-80050-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **THOMAS W SEITZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

613-425-5962