

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800622

FILED  
Jan 04, 2010  
Secretary of State

Entity Name: NORTHWESTERN NATIONAL INSURANCE CO

**Current Principal Place of Business:**

9277 CENTRE POINTE DRIVE  
SUITE 140  
WEST CHESTER, OH 45069 US

**New Principal Place of Business:**

**Current Mailing Address:**

9277 CENTRE POINTE DRIVE  
SUITE 140  
WEST CHESTER, OH 45069 US

**New Mailing Address:**

FEI Number: 39-0509630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S  
Name: COLLINS, AMY K  
Address: 9277 CENTRE POINTE DRIVE  
City-St-Zip: WEST CHESTER, OH 45069

Title: VTD  
Name: SUSSMAN, GARY M  
Address: 9277 CENTRE POINTE DRIVE, SUITE 140  
City-St-Zip: WEST CHESTER, OH 45069

Title: PD  
Name: BLACHE, ERNEST J JR  
Address: 9277 CENTRE POINTE DRIVE, SUITE 130  
City-St-Zip: WEST CHESTER, OH 45069

Title: D  
Name: SCHNELL, JUDITH A  
Address: 9277 CENTRE POINTE DRIVE, SUITE 140  
City-St-Zip: WEST CHESTER, OH 45069

Title: D  
Name: MACY, LISA R  
Address: 9277 CENTRE POINTE DRIVE, SUITE 140  
City-St-Zip: WEST CHESTER, OH 45069

Title: D  
Name: HENSON, PATRICIA S  
Address: 9277 CENTRE POINTE DRIVE, SUITE 140  
City-St-Zip: WEST CHESTER, OH 45069

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: GARY M. SUSSMAN

VTD

01/04/2010

Electronic Signature of Signing Officer or Director

Date