

2005 FOR PROFIT CORPORATION ANNUAL REPORT

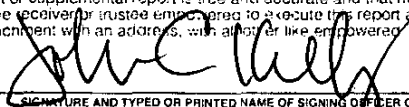
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Secretary of State

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01112005 Chg-P CR2E034 (10/03)

DOCUMENT # F98000002544					
1. Entity Name NORTHWESTERN LONG TERM CARE INSURANCE COMPANY					
Principal Place of Business 720 E. WISCONSIN AVE MILWAUKEE, WI 53202			Mailing Address 720 E. WISCONSIN AVE MILWAUKEE, WI 53202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 36-2258318				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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Florida Agent signature required when new/stating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCED ZORE, EDWARD J 720 E. WISCONSIN AVE MILWAUKEE, WI 53202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BREMER, JOHN M 720 E. WISCONSIN AVE MILWAUKEE, WI 53202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT KELLY, JOHN C 720 EAST WISCONSIN AVE. MILWAUKEE, WI 53202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD KOENIG, WILLIAM C 720 E. WISCONSIN AVE MILWAUKEE, WI 53202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD BRUCE, PETER W 720 E. WISCONSIN AVE MILWAUKEE, WI 53202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD HAGEN, RONALD D 720 E. WISCONSIN AVE MILWAUKEE, WI 53202 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on the attachment with an address, with a title or like empowered			I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on the attachment with an address, with a title or like empowered		
SIGNATURE: 			John C. Kelly 4/21/05 414-665-2313		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Secretary Phone		

ATTACHMENT

28649198

#F98000002544

State of Florida

2005 For Profit Corporation Annual Report

Northwestern Long Term Care Insurance Company

69000

Additional Executive Officers and Directors

720 East Wisconsin Avenue
Milwaukee, Wisconsin 53202

D	Hall, Richard L.	Director
VD	Maynard, Meridee J.	Vice President and Director
VD	David W. Simbro	Vice President and Director
VT	Gary M. Hewitt	Vice President and Treasurer

SBS
4/20/05