2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90349 003 ***150.00

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1. Entity Name
NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

20049198

Principal Place of Business	Mailing Address
720 E. WISCONSIN AVE MILWAUKEE, WI 53202	720 E. WISCONSIN AVE MILWAUKEE, WI 53202

01112005 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Must be Agent signature required when reinstated)

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-ST-ZIP	PCED ZORE, EDWARD J 720 E. WISCONSIN AVE MILWAUKEE, WI 53202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREMER, JOHN M 720 E. WISCONSIN AVE MILWAUKEE, WI 53202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KELLY, JOHN C 720 EAST WISCONSIN AVE. MILWAUKEE, WI 53202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KOENIG, WILLIAM C 720 E. WISCONSIN AVE MILWAUKEE, WI 53202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BRUCE, PETER W 720 E. WISCONSIN AVE MILWAUKEE, WI 53202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAGEN, RONALD D 720 E WISCONSIN AVE MILWAUKEE, WI 53202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Robert J. Berdan 720 East Wisconsin Ave Milwaukee WI 53202 ☐ 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)(i), Florida Statutes. I further 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. Kelly 4/21/05 414-665-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 2064918

#F98000002544

State of Florida
2005 For Profit Corporation Annual Report
Northwestern Long Term Care Insurance Company **69000**
Additional Executive Officers and Directors

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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