


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2258318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED ZORE, EDWARD J 720 E. WISCONSIN AVE MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREMER, JOHN M 720 E. WISCONSIN AVE MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KELLY, JOHN C 720 EAST WISCONSIN AVE. MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOENIG, WILLIAM C 720 E. WISCONSIN AVE MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRUCE, PETER W 720 E. WISCONSIN AVE MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERDAN, ROBERT J 720 EAST WISCONSIN AVE MILWAUKEE, WI 53202

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U00000761749
05/25/07-80066-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Melissa Novinska* **Melissa Novinska, Asst. Treasurer** **4-24-07** **414-665-3747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #