

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811997

FILED
Jan 24, 2022
Secretary of State
6748332659CC

Entity Name: THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

Current Mailing Address:

720 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

FEI Number: 39-0509570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
SERVICE OF PROCESS SECTION
TALLAHASSEE, FL 32399-4201 US

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

Officer/Director Detail :

Title EVP, CHIEF LEGAL OFFICER, CHIEF COMPLIANCE OFFICER, SECRETARY
Name MANISTA, RAYMOND J
Address 720 EAST WISCONSIN AVENUE
City-State-Zip: MILWAUKEE WI 53202

Title CHAIRMAN, PRESIDENT, CEO
Name SCHLIFSKE, JOHN E
Address 720 EAST WISCONSIN AVENUE
City-State-Zip: MILWAUKEE WI 53202

Title V/C
Name JONES, TODD M
Address 720 EAST WISCONSIN AVENUE
City-State-Zip: MILWAUKEE WI 53202

Title EVP, CFO, CRO
Name CARTER, MICHAEL G
Address 720 EAST WISCONSIN AVENUE
City-State-Zip: MILWAUKEE WI 53202

Title D
Name BRATHWAITE, NICHOLAS E
Address WRVI CAPITAL
2494 SAND HILL RD, BUILDING 7
City-State-Zip: MENLO PARK CA 94025

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: TODD JONES

VP AND CONTROLLER

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date