

1.) CORPORATION NAME:

**Northwestern Mutual Wealth Management Company**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1657115**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**US**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 611 E WISCONSIN AVE STE 100

CITY/ST/ZIP: MILWAUKEE, WI 53202

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ERIC P CHRISTOPHERSEN TITLE: PRESIDENT ADDRESS: 611 E. WISCONSIN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID B KENNEDY TITLE: VP/ADMUSTRN /T ADDRESS: 611 E WISCONSIN AVE STE 100 CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK J MCLENNON TITLE: VP/IAS ADDRESS: 611 E WISCONSIN AVE STE 100 CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVEN LA FORE TITLE: SECRETARY ADDRESS: 611 E WISCONSIN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GREGORY C OBERLAND TITLE: DIRECTOR ADDRESS: 720 E. WISCONSIN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY A POLINER TITLE: DIRECTOR ADDRESS: 720 E. WISCONSIN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RONALD P JOELSON  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 720 E. WISCONSIN AVENUE  
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DAVID B KENNEDY</u>	<u>DAVID B KENNEDY,</u>	<u>4/17/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/ADMUSTRN /T PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.