

# NORTHWESTERN NATIONAL INSURANCE COMPANY OF MILWAUKEE, WISCONSIN

## PROOF OF CLAIM – ADDRESS CHANGE FORM

Claimant Proof of Claim Number(s): \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Effective Date of Address Change: \_\_\_/\_\_\_/\_\_\_

Old Address:

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Old Phone Number:

New Phone Number:

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Old Email Address:

New Email Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

\_\_\_/\_\_\_/\_\_\_  
Date

**Submit this from to:**  
Special Deputy Liquidator  
Northwestern National Insurance Company of Milwaukee Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873  
Facsimile: 608-267-6237  
Email: ocinnicliquidation@wisconsin.gov