

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90046 036 ***150.00

DOCUMENT # P04241

1. Corporation Name

WORLDWIDE CASUALTY INSURANCE COMPANY

Principal Place of Business

11975 WESTLINE INDUSTRIAL DRIVE
P O BOX 34420
ST. LOUIS MO 63146

Mailing Address

11975 WESTLINE INDUSTRIAL DRIVE
P O BOX 34420
ST. LOUIS MO 63146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1984

4. FEI Number

06-1092909

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME REKOSKI, DAVID G
STREET ADDRESS 1111 N CHARLES ST
CITY-ST-ZIP BALTIMORE MD 21202

TITLE VD ☐ DELETE

NAME BIEMER, EDWARD A
STREET ADDRESS 20 MOORES RD
CITY-ST-ZIP FRAZER PA 19355

TITLE VP ☒ DELETE

NAME BOWIE, THOMAS P
STREET ADDRESS 20 MOORES RD.
CITY-ST-ZIP FRAZER PA 19355

TITLE VSD ☐ DELETE

NAME BERMAN, JAY H.
STREET ADDRESS 20 MOORES RD.
CITY-ST-ZIP FRAZER PA 10355

TITLE V ☒ DELETE

NAME SARCIA, DOUGLAS A.
STREET ADDRESS 424 CHRISLENA LANE
CITY-ST-ZIP W. CHESTER PA

TITLE T ☐ DELETE

NAME NOONE, JOSEPH C
STREET ADDRESS 20 MOORES RD.
CITY-ST-ZIP FRAZER PA 19355

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VP

☐ Change

☐ Addition

1.2 NAME

Clancy, Brenda K

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VP

☐ Change

☒ Addition

2.2 NAME

Fischer, Brian C

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAY HARRIS BERMAN, Vice President

1/15/99

(610) 722-3806

Daytime Phone #

CR2E034 (1/98)