

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04241

1. Entity Name

WORLDWIDE CASUALTY INSURANCE COMPANY

Principal Place of Business

1511 KENTUCKY HOME LIFE BLDG  
P O BOX 34420  
LOUISVILLE KY 40202

Mailing Address

580 WALNUT STREET  
CINCINNATI OH 45202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1092909

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLANCY, BRENDA K 1111 N CHARLES ST BALTIMORE MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISCHER, BRIAN C 20 MOORES RD FRAZER PA 19355	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWIE, THOMAS P 20 MOORES RD. FRAZER PA 19355	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BERMAN, JAY H. 20 MOORES RD. FRAZER PA 10355	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SARCIA, DOUGLAS A. 424 CHRISLENA LANE W. CHESTER PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOONE, JOSEPH C 20 MOORES RD. FRAZER PA 19355	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINER, JOHN R. 49 EAST FOURTH STREET CINCINNATI, OH 45202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVPS HORRELL, KAREN HOLLEY 580 WALNUT STREET CINCINNATI, OH 45202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVPT JENSEN, KEITH A: 580 WALNUT STREET CINCINNATI, OH 45022	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST FOR COMPLETE LIST OF OFFICERS AND DIRECTORS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eve Cutler Rosen

4/30/2001

Date

513-369-5013

Daytime Phone #

FILED  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90059 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Document # 204241

**WORLDWIDE CASUALTY INSURANCE COMPANY****OFFICERS AND DIRECTORS**

547641

<b>NAME</b>	<b>TITLE</b>	<b>ADDRESS</b>
Keith A. Jensen	Director, Sr. Vice President, Chief Financial Officer & Treasurer	580 Walnut Street Cincinnati, OH 45202
Gary J. Gruber	Director & Sr. Vice President	580 Walnut Street Cincinnati, Ohio 45202
Karen Holley Horrell	Director, Sr. Vice President, Executive Counsel & Secretary	580 Walnut Street Cincinnati, OH 45202
Donald D. Larson	Director	580 Walnut Street Cincinnati, OH 45202
Carl H. Lindner III	Director & Chairman	580 Walnut Street Cincinnati, OH 45202
John R. Miner	Director & President	49 East 4 <sup>th</sup> Street Cincinnati, OH 45202
Eve Cutler Rosen	Director, Vice President, General Counsel & Assistant Secretary	580 Walnut Street Cincinnati, OH 45202
John L. Doellman	Vice President & Actuary	580 Walnut Street Cincinnati, OH 45202
Allen F. Eling	Vice President	580 Walnut Street Cincinnati, OH 45202
Roger Smith	Vice President & Controller	580 Walnut Street Cincinnati, OH 45202
David J. Witzgall	Vice President & Controller	580 Walnut Street Cincinnati, OH 45202
Kathleen Brown	Assistant Vice President	One East 4 <sup>th</sup> Street Cincinnati, OH 45202
Paul G. Friedmann	Assistant Vice President & Assistant Treasurer	580 Walnut Street Cincinnati, OH 45202
Ronald C. Hayes	Assistant Vice President & Assistant Secretary	580 Walnut Street Cincinnati, OH 45202
Robert H. Schwartz	Assistant Vice President & Assistant Controller	580 Walnut Street Cincinnati, OH 45202
Robert J. Schweikert	Assistant Vice President	580 Walnut Street Cincinnati, OH 45202
Thomas E. Mischell	Assistant Treasurer	One East 4 <sup>th</sup> Street Cincinnati, OH 45202
Fred J. Runk	Assistant Treasurer	One East 4 <sup>th</sup> Street Cincinnati, OH 45202