

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-15-2005 90022 035 ***150.00
P04241

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P04241 1. Entity Name WORLDWIDE CASUALTY INSURANCE COMPANY					
Principal Place of Business 580 WALNUT STREET CINCINNATI, OH 40202 US			Mailing Address 580 WALNUT STREET CINCINNATI, OH 45202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1092909	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, DONALD D		NAME		
STREET ADDRESS	580 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	DSVP <input type="checkbox"/> Delete		TITLE	D/SVP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLEY HORRELL, KAREN		NAME		
STREET ADDRESS	580 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	DSVT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENSEN, KEITH A		NAME		
STREET ADDRESS	580 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	D/SVP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSEN, EVE CUTLER		NAME		
STREET ADDRESS	580 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	DSVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBER, GARY J		NAME		
STREET ADDRESS	580 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	D/SVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITZGALL, DAVID J		NAME		
STREET ADDRESS	580 WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Eve Cutler Rosen		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		