

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000684

Entity Name: WORLDWIDE INSURANCE SERVICES, LLC**Current Principal Place of Business:**933 FIRST AVENUE
KING OF PRUSSIA, PA 19406**Current Mailing Address:**933 FIRST AVENUE
KING OF PRUSSIA, PA 19406 US**FEI Number:** 54-1867679**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name KRIGSTEIN, ALAN
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title MANAGER
Name FERNANDEZ, DIEGO
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title MANAGER
Name SHAFFER, MATTHEW
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title MANAGER
Name SULLIVAN, MAUREEN E
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title MANAGER
Name KENDRICK, MORGAN
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title MANAGER
Name DODO, MOSES
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title MANAGER
Name KENTON, SHELDON
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title MANAGER
Name HYNAM, DAVID
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J. SANCHEZ**SECRETARY****05/01/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name COSTELLO, PETER L
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

Title SECRETARY
Name SANCHEZ, WILLIAM J
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406