

2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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	COSTELLO, PETER L.
Address	933 FIRST AVENUE
City-State-Zip:	KING OF PRUSSIA PA 19406

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

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

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

Title	MANAGER
Name	FRINGER, TRICIA
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	MEMBER
Name	HIGHWAY TO HEALTH, INC.
Address	933 FIRST AVENUE
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	MANAGER
Name	WILKERSON, BLAKE
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**GENERAL COUNSEL,
SECRETARY****10/19/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

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

Title CFO, TREASURER
Name DULD, RONALD
Address 933 FIRST AVENUE
City-State-Zip: KING OF PRUSSIA PA 19406

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

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