

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000510

Entity Name: WESTERN WORLD INSURANCE COMPANY**Current Principal Place of Business:**300 KIMBALL DRIVE, SUITE 500
PARSIPPANY, NJ 07054**Current Mailing Address:**300 KIMBALL DRIVE, SUITE 500
PARSIPPANY, NJ 07054 US**FEI Number:** 02-0266622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title CHAIRMAN
Name NOONAN, EDWARD J
Address 29 RICHMOND ROAD
City-State-Zip: PEMBROOK HM08

Title DIRECTOR
Name BILSBY, PETER
Address 29 RICHMOND ROAD
City-State-Zip: PEMBROOK HM08

Title DIRECTOR
Name HENDRICKSON, JOHN JOSEPH
Address 29 RICHMOND ROAD
City-State-Zip: PEMBROOK HM08

Title DIRECTOR
Name HIRTLE-GARVEY, KARIN
Address 429 WINDHAM CT N
City-State-Zip: WYCKOFF NJ 07481

Title DIRECTOR, SECRETARY
Name KUZLOSKI, ROBERT F
Address 29 RICHMOND ROAD
City-State-Zip: PEMBROKE HM08

Title PRESIDENT, CEO, DIRECTOR
Name LIVINGSTON, ROBERT J
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR
Name RITZ, JONATHAN
Address 29 RICHMOND ROAD
City-State-Zip: PEMBROOK HM08

Title DIRECTOR
Name SALAM, ROMEL
Address 29 RICHMOND ROAD
City-State-Zip: PEMBROOK HM08

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT F. KUZLOSKI**SECRETARY****04/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANGSTER, JEFFREY D
Address 29 RICHMOND ROAD
City-State-Zip: PEMBROOK HM08

Title SVP/CFO
Name AYASH, GERALD
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title SVP
Name PERCH, TOM
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title SVP
Name RUPP, LYNN F
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title SVP
Name YARPEZESHKAN, ARYA
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title SVP
Name D'ACO, ROSEMARY
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title VP
Name RENTKO, GREGG
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title SVP
Name BROOKS, JASON
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title VP
Name RONEY, MICHAEL L
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title VP
Name HOUSE, PEGGY
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title EVP, COO
Name DEBERRY, THAD
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title SVP
Name HOCHKEPPEL, TIMOTHY P
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title SVP
Name ROSA, LISA A
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title SVP
Name TIEPELMAN, GARY L
Address 7025 N SCOTTSDALE ROAD
SUITE 304
City-State-Zip: SCOTTSDALE AZ 07054

Title SVP
Name BROWN, LORRAINE
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title VP
Name MONTONE, ROBERT
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title VP
Name SLADER, THOMAS R
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title VP
Name JOSEPH, STEVEN
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title VP
Name ARMSTRONG, LESLIE T
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054

Title ASST. SECRETARY
Name LEONE, LINDA
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSIPPANY NJ 07054