

2019 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 PRESIDENT
Name SANTORA, TROY
Address 4 WORLD TRADE CENTER
 150 GREENWICH ST 47TH FL
City-State-Zip: NEW YORK NY 10007

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

Title SVP
Name ROBERT, EELLS
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSEPPANY NJ 07054

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

Title CHAIRMAN
Name MCELROY, DAVID
Address 300 KIMBALL DRIVE, SUITE 500
City-State-Zip: PARSEPPANY NJ 07054

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: LISA ROSA**SECRETARY****04/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date