

**2023 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	CFO, TREASURER, SENIOR VICE PRESIDENT
Name	AYASH, GERALD
Address	300 KIMBALL DRIVE, SUITE 500
City-State-Zip:	PARSIPPANY NJ 07054

Title	SECRETARY, EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL
Name	ROSA, LISA
Address	300 KIMBALL DRIVE, SUITE 500
City-State-Zip:	PARSIPPANY NJ 07054

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

Title	SENIOR VICE PRESIDENT, COO
Name	EELLS, ROBERT
Address	300 KIMBALL DRIVE, SUITE 500
City-State-Zip:	PARSIPPANY 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****04/24/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date