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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805540 (2)
 1. Corporation Name
WORLD INSURANCE COMPANY



Principal Place of Business 1000 WORLD PLAZA NORTH PARK P.O. BOX 3160 OMAHA NE 68103-0160 US	Mailing Address 1000 WORLD PLAZA NORTH PARK P.O. BOX 3160 OMAHA NE 68103-0160 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/28/1942	3a. Date of Last Report 02/01/1996	4. FEI Number 47-0339860	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SKOKE, BERNARD G 937-A SW 87TH AVENUE MIAMI FL 33174	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME EILERS, TOM D. STREET ADDRESS 1000WORLD PLAZA N PARK. CITY-ST-ZIP OMAHA NE		1.1 TITLE PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Omaha, NE 68164	
TITLE SD <input type="checkbox"/> DELETE NAME RICHART, J.W. STREET ADDRESS 1000WORLD PLAZA N PARK. CITY-ST-ZIP OMAHA NE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Omaha, NE 68164	
TITLE VD <input type="checkbox"/> DELETE NAME EILERS, WILLIAM J. STREET ADDRESS 1000WORLD PLAZA N PARK. CITY-ST-ZIP OMAHA NE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Omaha, NE 68164	
TITLE D <input type="checkbox"/> DELETE NAME TYMESON, L.A. STREET ADDRESS RT. #1, BOX 397 CITY-ST-ZIP STORM LAKES, IA 0		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Storm Lake, IA 50588	
TITLE D <input type="checkbox"/> DELETE NAME KEELING, R E STREET ADDRESS 1275 ROYAL BIRKDALE CT CITY-ST-ZIP ROCKLEDGE FL		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Rockledge, FL 32955	
TITLE C <input checked="" type="checkbox"/> DELETE NAME EILERS, D.L. STREET ADDRESS 1000 WORLD PLAZA N. PARK CITY-ST-ZIP OMAHA NE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Tom D. Eilers* **President** **4/8/97** **(402) 496-8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

ADDITIONAL DIRECTORS OF WORLD INSURANCE COMPANY:

D

**Karsjens, J.E.
12521 Dolan Street
Downey, CA 90242**

D

**Balsom, Raymond
3152 Willow Springs Circle
Venice, FL 34293**

TD

**Daubenmier, Steve
1000 World Plaza - North Park
Omaha, NE 68164**