

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 805540

1. Entity Name

WORLD INSURANCE COMPANY

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90063 009 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 3160  
OMAHA NE 68103-0160

P O BOX 3160  
P.O. BOX 3160  
OMAHA NE 68103-0160  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0339860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKOKE, BERNARD G  
937-A SW 87TH AVENUE  
MIAMI FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
EILERS, TOM D.  
1108 GRANT ST  
OMAHA NE 68164 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/T/D  
Daubenmier, Steve R.  
11808 Grant Street  
Omaha NE 68164 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
RICHHART, J.W.  
11808 GRANT STREET  
OMAHA NE 68164 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Richhart, James W.  
15666 Lamp Circle  
Omaha NE 68118 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
EILERS, WILLIAM J.  
11808 GRANT STREET  
OMAHA NE 68164 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Karsjens, James E.  
12521 Dolan Street  
Downey CA 90242 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TYMESON, L.A.  
RT 1 BOX 397  
STORM LAKES, IA 0 50588 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Storbakken, Norman C.  
609 Country Club  
Heath TX 75087 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KEELING, R E  
1275 ROYAL BIRKDALE CT  
ROCKLEDGE FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Eilers, David S.  
11808 Grant Street  
Omaha NE 68164 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Balsom, Raymond  
1745 Headley Green  
Lexington KY 40504 ☐ Change ☒ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tom D. Eilers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

805540

022242

x Addition

Eilers, Andrew W.  
4492 Kidder Drive  
Virginia Beach VA 23462-7941

X Addition

Chase, Don M.  
15668 L Street  
Omaha NE 68135