

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -7 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805540 1. Entity Name WORLD INSURANCE COMPANY	
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Principal Place of Business P O BOX 3160 OMAHA, NE 68103-0160 US	Mailing Address 11808 GRANT ST OMAHA, NE 68164-3603 US
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2. Principal Place of Business 11808 Grant Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3160 Suite, Apt. #, etc.
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City & State Omaha, NE 68164-3603	City & State Omaha, NE 68103-0160
Zip 68164-3603	Country USA
Zip 68103-0160	Country USA



04/22/04 90069 028 B150-00
03132003 Chg-P CR2E034 (10/03)

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 SKOKE, BERNARD G 937-A SW 87TH AVENUE MIAMI, FL 33174	
7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lauren Greco **Lauren Greco** Assistant Secretary 6-1-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. 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	SEE ATTACHED LIST ☐ 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	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORBAKKEN, NORMAN C 609 COUNTRY CLUB OMAHA, NE 68164 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Michael E. Abbott</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5/20/04 Date	515-245-2155 Daytime Phone #
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WORLD INSURANCE COMPANY
11808 Grant Street
Omaha, NE 68164

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P/C
Michael E. Abbott
601 6th Avenue
Des Moines, IA 50334

D
Tom D. Eilers
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T
Sarah J. Roy
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