# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2007**
**Secretary of State**

DOCUMENT# 805540

**Entity Name:** WORLD INSURANCE COMPANY

**Current Principal Place of Business:**

11808 GRANT STREET
OMAHA, NE 681643603 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3160
OMAHA, NE 681030160 US

**New Mailing Address:**

**FEI Number: 47-0339860** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST. 32399
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete
Name: ABBOTT, MICHAEL E
Address: 601 6TH AVENUE
City-St-Zip: DES MOINES, IA 50334

Title: T ( ) Delete
Name: ROY, SARAH J
Address: 601 6TH AVENUE
City-St-Zip: DES MOINES, IA 50334

Title: S ( ) Delete
Name: DURAND, MARY K
Address: 601 6TH AVENUE
City-St-Zip: DES MOINES, IA 50334

Title: D ( ) Delete
Name: BAINBRIDGE, CRAIG W MD
Address: 601 6TH AVENUE
City-St-Zip: DES MOINES, IA 50334

Title: D ( ) Delete
Name: BLAIR, JOSEPH E JR
Address: 601 6TH AVENUE
City-St-Zip: DES MOINES, IA 50334

Title: D ( ) Delete
Name: EILERS, TOM D
Address: 11808 GRANT STREET
City-St-Zip: OMAHA, NE 68164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL C. FITZGERALD VP 04/17/2007

Electronic Signature of Signing Officer or Director — Date