

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805540

FILED  
Jan 14, 2011  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

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

Title: T  
Name: FELLNER, BRIAN S  
Address: 601 6TH AVENUE  
City-St-Zip: DES MOINES, IA 50334

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

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

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

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

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: MICHAEL C. FITZGERALD

VP

01/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date