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Jan 16 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825463 (3)
1. Corporation Name
TRANS WORLD ASSURANCE COMPANY

Principal Place of Business
**885 SOUTH EL CAMINO REAL
SAN MATEO CALIFORNIA 94402**

Mailing Address
**885 SOUTH EL CAMINO REAL
SAN MATEO CALIFORNIA 94402-2310**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 12/08/1970	3a. Date of Last Report 06/13/1996
4. FEI Number 94-1567745	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		10. Name and Address of New Registered Agent	
SOUTHERLAND, L.B. 3815 LYNN ORA DR. PENSACOLA FL		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBURY, C.P. III	1.2 NAME	
STREET ADDRESS	1056 HARBOURVIEW CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYALS, N.E.	2.2 NAME	
STREET ADDRESS	#18 PORT ROYAL WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYALS, C.B.	3.2 NAME	
STREET ADDRESS	800 26TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN MATEO, CA 94402	3.4 CITY - ST - ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, EARL JR	4.2 NAME	
STREET ADDRESS	1817 CANYON OAK COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN MATEO, CA 94402	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, CAROL B.	5.2 NAME	
STREET ADDRESS	200 W ROBERTS RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	CANTONMENT FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBURY, M.	6.2 NAME	
STREET ADDRESS	43 BAYSHORE DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32507	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 on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/97

(904) 456-7401

Date: Daytime Phone: *

CR2E034 (9/96)