2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 825463

1. Entity Name
TRANS WORLD ASSURANCE COMPANY

Principal Place of Business	Mailing Address
885 SOUTH EL CAMINO REAL SAN MATEO, CA 94402	885 SOUTH EL CAMINO REAL SAN MATEO, CA 94402

DO NOT WRITE IN THIS SPACE

01292006 No Chg-P CR2E034 (11/05)

4. FEI Number
94-1567745

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTHERLAND, L.B.
3815 LYNN ORA DR.
PENSACOLA, FL

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WOODBURY, B.J.
STREET ADDRESS	9171 TOWNE CENTER DR.
CITY-ST-ZIP	SAN DIEGO, CA 92122
TITLE	SD
NAME	ROYALS, N.E.
STREET ADDRESS	4060 BARRANCAS AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	PD
NAME	ROYALS, C.B.
STREET ADDRESS	800 26TH AVENUE
CITY-ST-ZIP	SAN MATEO, CA 94402,
TITLE	C
NAME	BARTLETT, EARL JR
STREET ADDRESS	1817 CANYON OAK COURT
CITY-ST-ZIP	SAN MATEO, CA 94402,
TITLE	T
NAME	VROOMAN, M. A
STREET ADDRESS	4060 BARRANCAS AVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	HESS, M.
STREET ADDRESS	4060 BARRANCAS AVE.
CITY-ST-ZIP	PENSACOLA, FL

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03/07/06-80002-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary A Vrooman 1/29/06 (850) 456-7401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mary A. Vrooman, Treasurer