

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825463

FILED
Feb 07, 2009
Secretary of State

Entity Name: TRANS WORLD ASSURANCE COMPANY

Current Principal Place of Business:

885 SOUTH EL CAMINO REAL
SAN MATEO, CA 94402

New Principal Place of Business:

Current Mailing Address:

885 SOUTH EL CAMINO REAL
SAN MATEO, CA 94402

New Mailing Address:

FEI Number: 94-1567745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHERLAND, L.B.
3815 LYNN ORA DR.
PENSACOLA, FL 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: VD () Delete
Name: WOODBURY, B.J.
Address: 9171 TOWNE CENTER DR.
City-St-Zip: SAN DIEGO, CA 92122

Title: SD () Delete
Name: ROYALS, N.E.,
Address: 4060 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL 32507

Title: PD () Delete
Name: ROYALS, C.B.,
Address: 800 26TH AVENUE
City-St-Zip: SAN MATEO, CA 94402

Title: C () Delete
Name: BARTLETT, EARL JR,
Address: 11817 N. MOUNTAIN LAUREL PLACE
City-St-Zip: ORO VALLEY, AZ 85737 78

Title: T () Delete
Name: VROOMAN, M. A
Address: 4060 BARRANCAS AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: HESS, M.
Address: 4060 BARRANCAS AVE.
City-St-Zip: PENSACOLA, FL 32507

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 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: M A VROOMAN

T

02/07/2009

Electronic Signature of Signing Officer or Director

Date