FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

/APPROVED
AND
FILED

95 APR -7 AM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27151** **(0)**

1. Corporation Name
TRANS-WORLD INSURANCE COMPANY

Principal Place of Business
3301 C ST., SUITE 100A
STE. 100 M
SACRAMENTO CA 95816

Mailing Address
3301 C ST., SUITE 100A
STE. 100 M
SACRAMENTO CA 95816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 86-0255348 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TURTLETAUB, MARC
STREET ADDRESS	3301 C STREET STE 100C
CITY ST ZIP	SACRAMENTO CA
TITLE	~~VS~~
NAME	~~JOHNSON, DEBRA~~
STREET ADDRESS	~~3301 C STREET STE 100C~~
CITY ST ZIP	~~SACRAMENTO CA~~
TITLE	VD
NAME	TURTLETAUB, ALAN
STREET ADDRESS	2840 MORRIS AVE.
CITY ST ZIP	UNION NJ
TITLE	VD
NAME	MEDICI, A.R.
STREET ADDRESS	2840 MORRIS AVE.
CITY ST ZIP	UNION NJ
TITLE	VSD
NAME	DEAR, MORTON
STREET ADDRESS	2840 MORRIS AVE.
CITY ST ZIP	UNION NJ
TITLE	T
NAME	PUGLISI, HARRY
STREET ADDRESS	2840 MORRIS AVE.
CITY ST ZIP	UNION NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/Director — [X] Change ☐ Addition
1.2 NAME	TURTLETAUB, MARC
1.3 STREET ADDRESS	3301 C STREET, STE 100M
1.4 CITY ST ZIP	SACRAMENTO, CA 95816
2.1 TITLE	AS — [X] Change ☐ Addition
2.2 NAME	NONE
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	PRESIDENT — ☐ Change [XX] Addition
3.2 NAME	REEVES, JOHN A.
3.3 STREET ADDRESS	3301 C STREET, STE 100M
3.4 CITY ST ZIP	SACRAMENTO, CA 95816
4.1 TITLE	EXECUTIVE VICE PRESIDENT — ☐ Change [XX] Addition
4.2 NAME	EBER, PAUL R.
4.3 STREET ADDRESS	3301 C STREET, STE 100A
4.4 CITY ST ZIP	SACRAMENTO, CA 95816
5.1 TITLE	~~EXECUTIVE VICE PRESIDENT/DIRECTOR~~ XXXXXXXXX — ☐ Change ☐ Addition
5.2 NAME	~~PUGLISI, HARRY~~
5.3 STREET ADDRESS	~~2840 MORRIS AVE.~~
5.4 CITY ST ZIP	~~UNION, NJ~~
6.1 TITLE	Treasurer/Director — [XXX] Change ☐ Addition
6.2 NAME	PUGLISI, HARRY
6.3 STREET ADDRESS	2840 MORRIS AVE.
6.4 CITY ST ZIP	UNION, NJ

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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: Paul R. Eber — 3/15/95 — 916 446-1626
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0401023 FN