FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

TRANS-WORLD INSURANCE COMPANY

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

3. Date Incorporated or Qualified: 12/01/1989	3a. Date of Last Report: 04/07/1995
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

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

8 Name

8a Street Address (P.O. Box Number is Not Acceptable)

8b

8c City **FL** 8d 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	11 TITL	V	☐ Change ☒ Addition
NAME	TURTLETAUB, MARC		12 NAM	Eber, Paul R.	
STREET ADDRESS	3301 C STREET, STE 100M		13 STREET ADDRESS	3301 C Street, Ste 100A	
CITY-ST-ZIP	SACRAMENTO CA		14 CITY ST ZIP	Sacramento, CA 95816	
TITLE	P	☐ DELETE	21 TITL		☐ Change ☐ Addition
NAME	REEVES, JOHN A.		22 NAM		
STREET ADDRESS	3301 C STREET, STE. 100 M		23 STREET ADDRESS		
CITY-ST-ZIP	SACRAMENTO CA		24 CITY ST ZIP		
TITLE	VD	☐ DELETE	31 TITL		☐ Change ☐ Addition
NAME	TURTLETAUB, ALAN		32 NAM		
STREET ADDRESS	2840 MORRIS AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	UNION NJ		34 CITY ST ZIP		
TITLE	VD	☐ DELETE	41 TITL		☐ Change ☐ Addition
NAME	MEDICI, A.R.		42 NAM		
STREET ADDRESS	2840 MORRIS AVE.		43 STREET ADDRESS		
CITY-ST-ZIP	UNION NJ		44 CITY ST ZIP		
TITLE	VSD	☐ DELETE	51 TITL		☐ Change ☐ Addition
NAME	DEAR, MORTON		52 NAM		
STREET ADDRESS	2840 MORRIS AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	UNION NJ		54 CITY ST ZIP		
TITLE	TD	☐ DELETE	61 TITL		☐ Change ☐ Addition
NAME	PUGLISI, HARRY		62 NAM		
STREET ADDRESS	2840 MORRIS AVE.		63 STREET ADDRESS		
CITY-ST-ZIP	UNION NJ		64 CITY ST ZIP		

CR2E034 (12/95)

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)(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: Paul R. Eber **Paul R. Eber, Executive Vice President April 11, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

916-446-1626
Daytime Phone Number