

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 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 # 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 95816-3300

3. Date Incorporated or Qualified

12/01/1989

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 3301 C Street

Suite, Apt. #, etc.

22 Suite 100A

City & State

23 Sacramento, CA

Zip

24 95816

Country

25 USA

2a. Mailing Address

26 3301 C Street

Suite, Apt. #, etc.

27 Suite 100A

City & State

28 Sacramento, CA

Zip

29 95816

Country

30 USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEOD ☐ DELETE

NAME TURTLETAUB, MARC
STREET ADDRESS 3301 C STREET, STE 100M
CITY - ST - ZIP SACRAMENTO CA

TITLE P ☐ DELETE

NAME REEVES, JOHN A.
STREET ADDRESS 3301 C STREET, STE. 100 M
CITY - ST - ZIP SACRAMENTO CA

TITLE VD ☐ DELETE

NAME TURTLETAUB, ALAN
STREET ADDRESS 2840 MORRIS AVE.
CITY - ST - ZIP UNION NJ

TITLE VD ☒ DELETE

NAME MEDICI, A.R.
STREET ADDRESS 2840 MORRIS AVE.
CITY - ST - ZIP UNION NJ

TITLE VSD ☐ DELETE

NAME DEAR, MORTON
STREET ADDRESS 2840 MORRIS AVE.
CITY - ST - ZIP UNION NJ

TITLE TD ☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3301 C Street, Suite 100-B

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

VD
Paul R. Eber
3301 C Street, Suite 100A
Sacramento, CA 95816

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Paul R. Eber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Eber, Exec. Vice President, 1-21-97, (916) 446-1626

Date

Daytime Phone #

CR2E034 (9/96)