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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27151** (0)
1. Corporation Name
TRANS-WORLD INSURANCE COMPANY

Principal Place of Business
**3301 C ST., SUITE 100A
SACRAMENTO CA 95816
US**

Mailing Address
**3301 C ST., SUITE 100A
SACRAMENTO CA 95816
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1989	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
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	
11. Pursuant to the provisions of Sections 607.0542 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.				81. Name	
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)	
Signature (typed or printed name of registered agent and filed if applicable)				83.	
(NOTE: Registered Agent signature required when re-registering)				84. City	
DATE				85. Zip Code	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
CEOD	TURTLETAUB, MARC	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
3301 C STREET, STE 100M	SACRAMENTO CA	2.1 TITLE	2.2 NAME
P	REEVES, JOHN A.	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3301C ST, STE 100B	SACRAMENTO CA	3.1 TITLE	3.2 NAME
VD	TURTLETAUB, ALAN	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
2840 MORRIS AVE.	UNION NJ	4.1 TITLE	4.2 NAME
VD	EBER, PAUL R	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
3301C ST, SET 100A	SACRAMENTO CA	5.1 TITLE	5.2 NAME
VSD	DEAR, MORTON	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
2840 MORRIS AVE.	UNION NJ	6.1 TITLE	6.2 NAME
TD	PUGLISI, HARRY	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
2840 MORRIS AVE.	UNION NJ		

14. I 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* Paul R. Eber, Executive Vice President March 30, 1998

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CR2E034 (10/97)