

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852219

Entity Name: TRANS PACIFIC INSURANCE COMPANY**Current Principal Place of Business:**230 PARK AVENUE
NEW YORK, NY 10169**Current Mailing Address:**230 PARK AVENUE
C/O LEGAL DEPT
NEW YORK, NY 10169**FEI Number:** 13-3118700**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**Title PRESIDENT, DIRECTOR
Name UMEDA, KOKI
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169Title DIRECTOR
Name GOLDSTEIN, B. STEVEN
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169Title DIRECTOR
Name TERAMOTO, SATORU
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169Title SECRETARY
Name SAYAGO, EDWARD
Address 230 PARK AVE
City-State-Zip: NEW YORK NY 10169Title DIRECTOR
Name KUWABARA, SHIGEO
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169Title DIRECTOR
Name GINN, ANN
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169Title TREASURER
Name MAHMOUD, ARLENE
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169Title DIRECTOR
Name GOTTSCHALL, DAVID
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169**Continues on page 2**

I hereby 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 all other like empowered.

SIGNATURE: EDWARD SAYAGO**SECRETARY****04/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAPIERRE, ADAM
Address 800 E. COLORADO BLVD.
City-State-Zip: PASADENA CA 91101

Title CFO
Name GILMER-PAUCIELLO, KAREN
Address THREE BALA PLAZA EAST
 SUITE 400
City-State-Zip: BALA CYNWYD PA 19004