

2013 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

FILED
Apr 12, 2013
Secretary of State
CC0852684588

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
P O BOX 6200 (32314-6200)
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 HASEGAWA, HIROSHI
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR
Name GOLDSTEIN, B. STEVEN
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

Title CONTROLLER, DIRECTOR
Name LA ROCCA, LISA
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

Title SECRETARY
Name SAYAGO, EDWARD
Address 230 PARK AVE
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR
Name SAITO, HIROSHI
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR
Name GINN, ANN
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

Title TREASURER
Name MAHMOUD, ARLENE
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR
Name GOTTSCHALL, DAVID
Address 230 PARK AVENUE
City-State-Zip: NEW YORK NY 10169

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

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date