

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852219

**Entity Name:** TRANS PACIFIC INSURANCE COMPANY

**Current Principal Place of Business:**

590 MADISON AVENUE  
29TH FLOOR  
NEW YORK, NY 10022

**Current Mailing Address:**

590 MADISON AVENUE  
29TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number:** 13-3118700

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

**Certificate of Status Desired:** No

*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            UGAERI, DAISUKE  
Address        590 MADISON AVENUE, 29TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            GOLDSTEIN, B. STEVEN  
Address        499 WASHINGTON BLVD., SUITE 1500  
City-State-Zip: JERSEY CITY NJ 07310

Title            DIRECTOR  
Name            SAITO, YOSHITAKA  
Address        499 WASHINGTON BLVD., SUITE 1500  
City-State-Zip: JERSEY CITY NJ 07310

Title            SECRETARY  
Name            SAYAGO, EDWARD  
Address        590 MADISON AVENUE, 29TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            FUKUDA, TATSUYA  
Address        499 WASHINGTON BLVD., SUITE 1500  
City-State-Zip: JERSEY CITY NJ 07310

Title            DIRECTOR  
Name            GINN, ANN  
Address        499 WASHINGTON BLVD., SUITE 1500  
City-State-Zip: JERSEY CITY NJ 07310

Title            TREASURER  
Name            KELLY, MICHAEL  
Address        C/O TMNA SERVICES, LLC  
                  3 BALA PLAZA EAST SUITE 400  
City-State-Zip: BALA CYNWYD PA 19004

Title            DIRECTOR  
Name            GOTTSCHALL, DAVID  
Address        499 WASHINGTON BLVD., SUITE 1500  
City-State-Zip: JERSEY CITY NJ 07310

**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**

**04/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title           CFO  
Name           GILMER-PAUCIELLO, KAREN  
Address        THREE BALA PLAZA EAST  
                  C/O TMNA SERVICES, LLC SUITE 400  
City-State-Zip: BALA CYNWYD PA 19004