#### **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 852219** 

**Entity Name: TRANS PACIFIC INSURANCE COMPANY** 

**FILED** May 01, 2020 **Secretary of State** 0660897250CC

Date

## **Current Principal Place of Business:** 1221 AVENUE OF THE AMERICAS, SUITE 1500

NEW YORK, NY 10020

## **Current Mailing Address:**

1221 AVENUE OF THE AMERICAS, SUITE 1500 NEW YORK, NY 10020 US

FEI Number: 13-3118700 Certificate of Status Desired: No

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

Electronic Signature of 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:

Officer/Director Detail :

Title PRESIDENT, DIRECTOR Title DIRECTOR

WADA, KIYOSHI Name Name GOLDSTEIN, B. STEVEN

1221 AVENUE OF THE AMERICAS, Address Address 499 WASHINGTON BLVD., SUITE 1500

**SUITE 1500** 

City-State-Zip: NEW YORK NY 10020 City-State-Zip: JERSEY CITY NJ 07310

Title **DIRECTOR** Title **SECRETARY** 

Name UGAERI, DAISUKE Name SAYAGO, EDWARD

1221 AVENUE OF THE AMERICAS, 1221 AVENUE OF THE AMERICAS, Address Address **SUITE 1500** 

**SUITE 1500** 

NEW YORK NY 10020 City-State-Zip: NEW YORK NY 10020 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR Name MIYOSHI, YASUHIRO Name GINN, ANN

Address 499 WASHINGTON BLVD., SUITE 1500 Address 499 WASHINGTON BLVD., SUITE 1500

City-State-Zip: JERSEY CITY NJ 07310 City-State-Zip: JERSEY CITY NJ 07310

Title **TREASURER** Title **DIRECTOR** 

KELLY, MICHAEL Name Name GOTTSCHALL, DAVID

Address C/O TMNA SERVICES, LLC Address 499 WASHINGTON BLVD., SUITE 1500 3 BALA PLAZA EAST SUITE 400

BALA CYNWYD PA 19004 City-State-Zip: JERSEY CITY NJ 07310 City-State-Zip:

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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.

05/01/2020 SIGNATURE: EDWARD SAYAGO SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

City-State-Zip: PASADENA CA 91101

Title DIRECTOR Title CFO

Name BROOKS, DAVID Name GILMER-PAUCIELLO, KAREN

Address 800 E. COLORADO BLVD. Address THREE BALA PLAZA EAST

C/O TMNA SERVICES, LLC SUITE 400

City-State-Zip: BALA CYNWYD PA 19004