

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852219

FILED
Apr 11, 2018
Secretary of State
CC8094495175

Entity Name: TRANS PACIFIC INSURANCE COMPANY

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:

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 1221 AVENUE OF THE AMERICAS,
 SUITE 1500
City-State-Zip: NEW YORK NY 10020

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

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

Title SECRETARY
Name SAYAGO, EDWARD
Address 1221 AVENUE OF THE AMERICAS,
 SUITE 1500
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR
Name MIYOSHI, YASUHIRO
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

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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.

SIGNATURE: EDWARD SAYAGO

SECRETARY

04/11/2018

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