

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004182

Entity Name: TNUS 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:** 20-0940754**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER OF THE STATE OF FL
DIVISION OF LEGAL SERVICES
200 EAST GAINES STREET
TALLAHASSEE, FL 32314-6200 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 UGAERI, DAISUKE

Address 1221 AVENUE OF THE AMERICAS,
SUITE 1500

City-State-Zip: NEW YORK NY 10020

Title DIRECTOR

Name SAITO, YOSHITAKA

Address 499 WASHINGTON BLVD., SUITE 1500

City-State-Zip: JERSEY CITY NJ 07310

Title DIRECTOR

Name FUJIMOTO, TATSUYA

Address 499 WASHINGTON BLVD., SUITE 400

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 GOLDSTEIN, B. STEVEN

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 GINN, ANN

Address 499 WASHINGTON BLVD., SUITE 1500

City-State-Zip: JERSEY CITY NJ 07310

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****04/29/2022**

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
TMNA SERVICES, LLC SUITE 400
City-State-Zip: BALA CYNWYD PA 19004