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

DOCUMENT# F04000004182

**Entity Name: TNUS INSURANCE COMPANY** 

**FILED** May 01, 2020 **Secretary of State** 3947543841CC

### **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 Title **DIRECTOR** 

Name WADA, KIYOSHI Name GOLDSTEIN, B. STEVEN

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

**SUITE 1500** 

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

**SECRETARY** Title DIRECTOR Title

UGAERI, DAISUKE Name SAYAGO, EDWARD Name

Address 1221 AVENUE OF THE AMERICAS, Address 1221 AVENUE OF THE AMERICAS,

> **SUITE 1500 SUITE 1500**

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

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

Address 499 WASHINGTON BLVD., SUITE 400 Address 499 WASHINGTON BLVD., SUITE 1500

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

**TREASURER** Title

Title DIRECTOR Name KELLY, MICHAEL

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: 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.

05/01/2020 SIGNATURE: EDWARD SAYAGO **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title CFO

Name BROOKS, DAVID Name GILMER-PAUCIELLO, KAREN

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

TMNA SERVICES, LLC SUITE 400

City-State-Zip: PASADENA CA 91101 City-State-Zip: BALA CYNWYD PA 19004