

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004182

**Entity Name:** TNUS INSURANCE COMPANY

**Current Principal Place of Business:**

230 PARK AVENUE  
NEW YORK, NY 10169

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC4122059503**

**Current Mailing Address:**

230 PARK AVENUE  
C/O LEGAL DEPT.  
NEW YORK, NY 10169

**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            UMEDA, KOKI  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            GOLDSTEIN, B. STEVEN  
Address        230 PARK AVE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            TERAMOTO, SATORU  
Address        230 PARK AVE  
City-State-Zip: NEW YORK NY 10169

Title            SECRETARY  
Name            SAYAGO, EDWARD  
Address        230 PARK AVE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            KUWABARA, SHIGEO  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            GINN, ANN  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            TREASURER  
Name            MAHMOUD, ARLENE  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            GOTTSCHALL, DAVID  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

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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**

**04/17/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title           CFO  
Name           GILMER-PAUCIELLO, KAREN  
Address        THREE BALA PLAZA EAST  
                  SUITE 400  
City-State-Zip: BALA CYNWYD PA 19004