

2015 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 16, 2015
Secretary of State
CC3180772798

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 KAMON, MASASHI
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 KITAKA, TOMOYA
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

04/16/2015

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