2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2024
Secretary of State
3247269003CC

DOCUMENT# F06000002153

Entity Name: MS TRANSVERSE INSURANCE COMPANY

Current Principal Place of Business:

15 INDEPENDENCE BLVD
SUITE 430
WARREN, NJ 07059

Current Mailing Address:

15 INDEPENDENCE BLVD
SUITE 430
WARREN, NJ 07059 US

FEI Number: 75-6015738

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICE, FL OIR
LARSON BLD., 200 E. GAINES ST
TALLAHASSEE, FL 32399-0301 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: JAMIE COLEMAN 04/26/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	ASST. SECRETARY	Title	PRESIDENT
Name	COLEMAN, JAMIE	Name	PAULSSON, DAVID E.
Address	15 INDEPENDENCE BLVD. SUITE 430	Address	15 INDEPENDENCE BLVD. SUITE 430
City-State-Zip:	WARREN NJ 07059	City-State-Zip:	WARREN NJ 07059

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: JAMIE F. COLEMAN SVP, ASST. CORP SECRETARY 04/26/2024

Electronic Signature of Signing Officer/Director Detail — Date