2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 31, 2019
Secretary of State
1561228470CC

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Entity Name: TRANSVERSE INSURANCE COMPANY

Current Principal Place of Business:

155 VILLAGE BLVD, STE 205
PRINCETON, NJ 08540

Current Mailing Address:

155 VILLAGE BLVD, STE 205
PRINCETON, NJ 08540 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 10/31/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY	Title	PRESIDENT
Name	MORAN, JENNIFER	Name	PAULSSON, DAVID E
Address	155 VILLAGE BLVD, STE 205	Address	155 VILLAGE BLVD, STE 205
City-State-Zip:	PRINCETON NJ 08540	City-State-Zip:	PRINCETON NJ 08540
Title	TREASURER	Title	ASST. SECRETARY
Name	SU, FENG LIAN APRIL	Name	COLEMAN, JAMIE
Address	155 VILLAGE BLVD, STE 205	Address	155 VILLAGE BLVD, STE 205
City-State-Zip:	PRINCETON NJ 08540	City-State-Zip:	PRINCETON NJ 08540

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 COLEMAN ASST. SECRETARY 10/31/2019

Electronic Signature of Signing Officer/Director Detail — Date