

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852219 (5)
1. Corporation Name
TRANS PACIFIC INSURANCE COMPANY



Principal Place of Business: **101 PARK AVENUE NEW YORK NY 10178-0095**
Mailing Address: **101 PARK AVENUE NEW YORK NY 10178-0095**

3. Date Incorporated or Qualified: **03/17/1982**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **13-3118700**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	GLUCK, DIANE B.	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NAKAMURA, MASAHARU	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MULLINS, WILLIAM	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NARIMATSU, HIROSHI	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OKUBO, SHINGO	
STREET ADDRESS	101 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, GLENN	
STREET ADDRESS	800 E. COLORADO BLVD.	
CITY-ST-ZIP	PASADENA CA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shirouzu, Osamu	
1.3 STREET ADDRESS	101 Park Avenue	
1.4 CITY-ST-ZIP	New York NY	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sugino, Fumitoshi	
2.3 STREET ADDRESS	800 E. Colorado Blvd.	
2.4 CITY-ST-ZIP	Pasadena CA	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Okabe, Shinichi	
3.3 STREET ADDRESS	800 E. Colorado Blvd.	
3.4 CITY-ST-ZIP	Pasadena CA	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Seki, Takatoshi	
4.3 STREET ADDRESS	101 Park Avenue	
4.4 CITY-ST-ZIP	New York NY	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Russell, Wilson	
5.3 STREET ADDRESS	101 Park Avenue	
5.4 CITY-ST-ZIP	New York NY	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *Masaharu Nakamura*

2/13/96

212-297-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Masaharu Nakamura

Date Daytime Phone #

CR2E034 (12/95)