


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852219

1. Corporation Name
TRANS PACIFIC INSURANCE COMPANY

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED
01 OCT 23 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **03/17/1982**

5. FEI Number **13-3118700** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	POLIZZI, MICHAEL D NARIMATSU, HIROSHI	101 PARK AVE	NEW YORK NY 10178
S/D	ISHII, MORIO GOLDSTEIN, B. STEVEN	101 PARK AVE	NEW YORK NY 10178
T/D	GAVANAUGH, LISA P SHERMAN, HARVEY	101 PARK AVENUE	NEW YORK NY 10178
D	NAMEKAWA, FUMIAKI TAKASHIMA, KAZUHIKO	101 PARK AVENUE	NEW YORK NY 10178
D	RUSSELL, WILSON UMEKI, HIROTSUGU	101 PARK AVENUE	NEW YORK NY 10178
D	NAOTO, IKEDO APPELSON, WALLACE	101 PARK AVE	NEW YORK NY 10178

8. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) **100004717601--0**

Suite, Apt. #, Etc. **-12/10/01--01117--003**

City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date *MW*

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SIGNATURE REQUIRED** *B. Steven Goldstein, Secretary* Date *10/11/01* Daytime Phone # *(212) 297-6600*

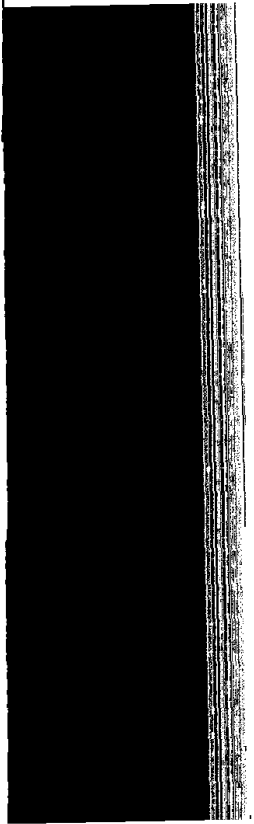
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRREG40 (807)

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Directors for Trans Pacific Insurance Company (continued):

D	KIEFER, JESSE	101 PARK AVENUE	NEW YORK, NY 10178
D	POLIZZI, D. MICHAEL	101 PARK AVENUE	NEW YORK, NY 10178
D	CAVANAUGH, LISA	101 PARK AVENUE	NEW YORK, NY 10178
D	KOBAYASHI, YOSHIFUMI	101 PARK AVENUE	NEW YORK, NY 10178
D	NAKAMURA, TOSHIO	101 PARK AVENUE	NEW YORK, NY 10178
D	TAMESUE, NOBUKI	101 PARK AVENUE	NEW YORK, NY 10178



TOKIO MARINE MANAGEMENT, INC.
UNITED STATES MANAGER FOR
THE TOKIO MARINE AND FIRE INSURANCE CO., LTD.
U.S. BRANCH

AND
TRANS PACIFIC INSURANCE CO.
101 Park Avenue
New York, New York 10178-0095
Phone: (212) 297-6600
Rapifax: (212) 986-6898
Accounting, Claims & MIS
(212) 986-6815 All other departments



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VIA OVERNIGHT MAIL

October 19, 2001

Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Notices of Administrative Dissolution or Revocation
Applications for Reinstatement ("Applications")
The Tokio Marine and Fire Insurance Co., Ltd. (U.S. Branch) ("TMF")
Trans Pacific Insurance Company ("TPI")

Dear Sir or Madam:

Enclosed please find Applications for Reinstatement for TMF and TPI, with TMF check number 110162 and TPI check number 8780, in the amount of \$150.00 each, for the annual report and corporate supplemental fees. Please note that the registered agent has not signed the Applications. I was told by an examiner on October 16th, that since the registered agent for TMF and TPI is the Florida State Insurance Commissioner, we did not need to obtain the signature on the Applications.

Please be advised that we never received the 2001 Uniform Business Report, nor the second notice Uniform Business Report, for TMF and TPI. Therefore, we respectfully request waiver of the \$600.00 reinstatement fees for TMF and TPI and that TMF and TPI be returned to active status.

If you have any questions, please feel free to contact me at (212) 297-6986.

Very truly yours,

Angelique Cooper
Angelique Cooper
Paralegal
Tokio Marine Management, Inc.

cc: Lisa P. Cavanaugh