

06-03-2002 91196 008 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852219
 1. Entity Name
TRANS PACIFIC INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 PARK AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
101 PARK AVENUE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NEW YORK, NY

City & State
NEW YORK, NY

4. FEI Number
13-3118700

Applied For
 Not Applicable

Zip
10178-0095

Country
USA

Zip
10178-0095

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
FLORIDA INSURANCE COMMISSIONER

Street Address (P.O. Box Number is Not Applicable)
200 E. GAINES STREET

LARSON BUILDING

City
TALLAHASSE FL 32399

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

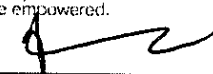
January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED LIST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **May 29, 2003** (212) 297-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment
Document #
852219/

674993

Officers and Directors of Trans Pacific Insurance Company

TITLE P/D
NAME Hiroshi Narimatsu
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

TITLE S/D
NAME B. Steven Goldstein
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

TITLE T/D
NAME Lawrence Moloney
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

TITLE D
NAME Yoshifumi Kobayashi
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

TITLE D
NAME Toshio Nakamura
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

TITLE D
NAME Harvey Sherman
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

TITLE D
NAME Kazuhiko Takashima
STREET ADDRESS 800 E. Colorado Blvd.
CITY, STATE ZIP Pasadena, CA 91101

TITLE D
NAME Nobuki Tamesue
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

TITLE D
NAME Wallace Appelson
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

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TITLE D
NAME Lisa Cavanaugh
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

TITLE D
NAME Mark Woods
STREET ADDRESS 101 Park Avenue
CITY, STATE ZIP New York, NY 10178-0095

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