


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90165 017 ***150.00

DOCUMENT # 852219

1. Entity Name
TRANS PACIFIC INSURANCE COMPANY



Principal Place of Business
**230 PARK AVENUE
 NEW YORK, NY 10169**

Mailing Address
**230 PARK AVENUE
 NEW YORK, NY 10169**

40078071



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04112006 Chg-P CR2E034 (11/05)

4. FEI Number
13-3118700

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARIMATSU, HIROSHI 230 PARK AVENUE NEW YORK, NY 10169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, STEVEN B 230 PARK AVENUE NEW YORK, NY 10169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLONEY, LAWRENCE 230 PARK AVENUE NEW YORK, NY 10169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAKASHIMA, KAZUHIKO 800 E. COLORADO BLVD. PASADENA, CA 91101 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISHII, ICHIRO 800 E. COLORADO BLVD PASADENA, CA 91101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELSON, CARYN 230 PARK AVENUE NEW YORK, NY 10169 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIYAMOTO, HIROSHI 230 PARK AVENUE NEW YORK NY 10169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDSTEIN, B. STEVEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWAHARA, MITSUHIRO 230 PARK AVENUE NEW YORK NY 10169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASEGAWA, TAMOTSU 800 E. COLORADO BLVD. PASADENA CA 91101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGA, MASASHI 230 PARK AVENUE NEW YORK NY 10169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIEFFER, DAVID 230 PARK AVENUE NEW YORK NY 10169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. Steven Goldstein Date: 4/27/2006 Daytime Phone #: (212) 297-6600

ATTACHMENT

40078071

**Attachment to 2006 For Profit Corporation Annual Report
Trans Pacific Insurance Company**

Document # 852219

10. (continued)

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gottschall, David	
STREET ADDRESS	230 Park Avenue	
CITY - ST - ZIP	New York, NY 10169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McManus, Aidan	
STREET ADDRESS	230 Park Avenue	
CITY - ST - ZIP	New York, NY 10169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woods, Mark	
STREET ADDRESS	230 Park Avenue	
CITY - ST - ZIP	New York, NY 10169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harada, Susumu	
STREET ADDRESS	230 Park Avenue	
CITY - ST - ZIP	New York, NY 10169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hinson, Gary	
STREET ADDRESS	230 Park Avenue	
CITY - ST - ZIP	New York, NY 10169	