


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90406 017 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 852219</b> 1. Entity Name <b>TRANS PACIFIC INSURANCE COMPANY</b>	
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Principal Place of Business <b>230 PARK AVENUE          NEW YORK, NY 10169</b>	Mailing Address <b>230 PARK AVENUE          NEW YORK, NY 10169</b>
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40088910



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number <b>13-3118700</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD MIYAMOTO, HIROSHI	<input type="checkbox"/>
NAME	230 PARK AVENUE	
STREET ADDRESS	NEW YORK, NY 10169	
CITY - ST - ZIP		
TITLE	SD GOLDSTEIN, B. STEVEN	<input type="checkbox"/>
NAME	230 PARK AVENUE	
STREET ADDRESS	NEW YORK, NY 10169	
CITY - ST - ZIP		
TITLE	TD MOLONEY, LAWRENCE	<input type="checkbox"/>
NAME	230 PARK AVENUE	
STREET ADDRESS	NEW YORK, NY 10169	
CITY - ST - ZIP		
TITLE	D KAWAHARA, MITSUHIRO	<input type="checkbox"/>
NAME	230 PARK AVE	
STREET ADDRESS	NEW YORK, NY 10169	
CITY - ST - ZIP		
TITLE	D ISHII, ICHIRO	<input checked="" type="checkbox"/>
NAME	800 E. COLORADO BLVD	
STREET ADDRESS	PASADENA, CA 91101	
CITY - ST - ZIP		
TITLE	D ANGELSON, CARYN	<input type="checkbox"/>
NAME	230 PARK AVENUE	
STREET ADDRESS	NEW YORK, NY 10169	
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D ISOGAI, HAYATO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	230 PARK AVENUE		
STREET ADDRESS	NEW YORK, NY 10169		
CITY - ST - ZIP			
TITLE	D PIEFFER, DAVID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	230 PARK AVENUE		
STREET ADDRESS	NEW YORK, NY 10169		
CITY - ST - ZIP			
TITLE	D HASEGAWA, TAMOTSU	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	800 E. COLORADO BLVD.		
STREET ADDRESS	PASADENA, CA 91101		
CITY - ST - ZIP			
TITLE	D HARADA, SUSUMU	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	230 PARK AVENUE		
STREET ADDRESS	NEW YORK, NY 10169		
CITY - ST - ZIP			
TITLE	D WOODS, MARK	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	230 PARK AVENUE		
STREET ADDRESS	NEW YORK, NY 10169		
CITY - ST - ZIP			
TITLE	D GOTTSCHALL, DAVID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	230 PARK AVENUE		
STREET ADDRESS	NEW YORK, NY 10169		
CITY - ST - ZIP			

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** 4/27/2007 (212) 297-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davilma Printing

ATTACHMENT

40088910

Attachment to 2007 For Profit Corporation Annual Report  
Trans Pacific Insurance Company  
Document # 852219

10. (continued)

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISHII, ICHIRO 230 PARK AVENUE NEW YORK, NY 10169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMANUS, AIDAN 230 PARK AVENUE NEW YORK, NY 10169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HINSON, GARY 230 PARK AVENUE NEW YORK, NY 1016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition