


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 047 ***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**

60035554



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

3. Mailing Address
 Suite, Apt. #, etc.

04152008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
13-3118700

Applied For
 Not Applicable

Zip Country

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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 MIYAMOTO, HIROSHI 230 PARK AVENUE NEW YORK, NY 10169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOLDSTEIN, B. STEVEN 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 KAWAHARA, MITSUHIRO 230 PARK AVE NEW YORK, NY 10169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISDGAI, HAYATO 230 PARK AVENUE NEW YORK, NY 10169 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ISOGAI, HAYATO 230 PARK AVENUE NEW YORK NY 10169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 (212) 297-6600
 Date Daytime Phone #