

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852219

FILED  
Apr 12, 2012  
Secretary of State

Entity Name: TRANS PACIFIC INSURANCE COMPANY

**Current Principal Place of Business:**

230 PARK AVENUE  
NEW YORK, NY 10169

**New Principal Place of Business:**

**Current Mailing Address:**

230 PARK AVENUE  
C/O LEGAL DEPT  
NEW YORK, NY 10169

**New Mailing Address:**

FEI Number: 13-3118700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WATABIKI, HIROYUKI  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

Title: SD  
Name: GOLDSTEIN, B. STEVEN  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

Title: CD  
Name: LA ROCCA, LISA  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

Title: D  
Name: ANGELSON, CARYN  
Address: 230 PARK AVE  
City-St-Zip: NEW YORK, NY 10169

Title: D  
Name: CASUBA, RAMESH  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

Title: D  
Name: GINN, ANN  
Address: 230 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: B. STEVEN GOLDSTEIN

SD

04/12/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date