P.01/06

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Florida Department of State

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TNUS Insurance Company

Certificate of Status	1
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DELIGIONAL PRINCIPA

J. BRWAN JUL 2 2 2004

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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I COMPLIANO EGISTER A FO	E WITH SECTION 607.1503, FLORIDA ST DREIGN CORPORATION TO TRANSACT I	TATUTES, THE FOLLOWING IS SUBMITTED TO THE STATE OF FLORIDA.
TNUS 3	Insurance Company	
Enter name of	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
(If hame meve	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
New Yo	5 k 3.	Pending
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
2/11/0	4 5.	Perpetual
(Da	te of incorporation)	(Duration; Year corp. will cease to exist or "perpetual")
Upon	qualification	transacted business in Florida, insert "upon qualification.")
230 Far	(SEE SECTIONS 607.1501 k Avenue, New York, NY 10169 (Principal office add	, 607,1502 and 817,155, F.S.)
	· , ·	1000)
230 Par	k Avenue, New York, NY 10169	
230 Par	· , ·	·
Proper (Purpose	(Current mailing add (Current mailing add ty and casualty insurer (s) of corporation authorized in home state or co	nuntry to be carried out in state of Plorida)
Proper (Purpose). Name and at	(Current mailing add (Current mailing add ty and casualty insurer (s) of corporation authorized in home state or co	ress) country to be carried out in state of Florida) (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)
Proper (Purpose Name and st	(Current mailing add (Current mailing add ty and casualty insurer (a) of corporation authorized in home state or correct address of Florida registered agent:	ress) country to be carried out in state of Florida) (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) State of Florida
Proper (Purpose Name and st	(Current mailing addity and casualty insurer (i) of corporation authorized in home state or or rest address of Florida registered agent: Chief Financial Officer of the Division of Legal Services 2001 East Gaines Street, P.O.	puntry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable) State of Florida Box 6200 Florida 32314-6200
Proper (Purpose). Name and st	(Current mailing add ty and casualty insurer (a) of corporation authorized in home state or correct address of Florida registered agent: Chief Financial Officer of the	puntry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable) State of Florida Box 6200
Proper (Purpose). Name and st Name: Office Address: 10. Registered: Having been not lesignated in thi urther agree to	(Current mailing addity and casualty insurer (t) of corporation authorized in home state or or rest address of Florida registered agent: Chief Financial Officer of the Division of Legal Services 2001 East Gaines Street, P.O. Tallehasses (City) segent's scusptance: med as registered agent and to accept services application, I hereby accept the appointments.	positry to be carried out in state of Florida) (P.O. Box or Mall Drop Box NOT acceptable) State of Florida Box 6200 , Florida 32314-6200 (Zip code) ce of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, elative to the proper and complete performance of my division.
Proper (Purpose). Name and st Name: Office Address: O. Registered: Having been not lesignated in thi	(Current mailing addity and casualty insurer (t) of corporation authorized in home state or or rest address of Florida registered agent: Chief Financial Officer of the Division of Legal Services 2001 East Gaines Street, P.O. Tallehasses (City) segent's scusptance: med as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes re-	positry to be carried out in state of Florida) (P.O. Box or Mall Drop Box NOT acceptable) State of Florida Box 6200 , Florida 32314-6200 (Zip code) ce of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, elative to the proper and complete performance of my division.

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{12.} Names and business addresses of officers and/or directors:

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Refer to attached_list Chalman: Chalman: Or:	
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: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
h-Z-	
(Signature of Director or Officer listed in number 12 of the application)	
B. Steven Goldstein, Secretary (Typed or printed name and capacity of person signing application)	

TNUS Insurance Company

Officers

Hikaru Ono Chairman, President and CEO 145E, 48th St., Apt. 17G New York, NY 10017

B. Steven Goldstein Secretary 20 Beckman Place New York, New York 10022

Lawrence Moloney Treasurer 700 Chicago Boulevard Sea Girt, NJ 08750

Directors

Caryn Angelson 190 Delhi Road Scarzdale, NY 10583

B. Steven Goldstein 20 Beekman Place New York, New York 10022

Joji Kawakami 7-1-11, Hino Minami, Kounan-ku Yokohama-shi, Kanagawa 234-0055 JAPAN

Seigo Ishimaru 100 U.N. Plaza, #21-F New York, NY 10017

Lisa LaRocca 132 Dorset Avenue Albertson NY 11507

Aidan McManus 126 Webster Avenue, Unit 4A Jersey City, NJ 07307



Lawrence Moloney 700 Chicago Boulevard Sea Girt, NJ 08750

David Pieffer 919 Whispering Ridge Lane Bel Air, MD 21015

Masashi Oba 19 Cliff Avenue Darien, CT 06820

Hikaru Ono 145E. 48th St., Apt. 17G New York, NY 10017

Christa Rapoport 250 Grove Street Montclair, NJ 07042

Kanji Senoo 35 Homestead Road Greenwich, CT 06831

Harvoy Sherman 69-50 261st Street Glen Oaks, NY 11004

Nobuki Tamesue 18 Elm Hill Drive Rye Brook, NY 10573

Marks Woods 2344 23rd Street Astoria, NY 11105



ALANAS COMPONION

STATE OF NEW YORK

INSURANCE DEPARTMENT

It is hereby certified that

TNUS INSURANCE COMPANY of New York, New York

was incorporated under the Laws of the State of New York on February 11, 2004, under the title of TNUS INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on July 01, 2004.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended) and has been continuously licensed and remains in good standing to the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Albany, New York, this 15th day of July, 2004

GREGORY V. SERIO Superintendent of Insurance

Ву

Special Deputy Superintendent

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