


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90245 003 ***150.00

DOCUMENT # F04000004182

1. Entity Name
TNUS INSURANCE COMPANY



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

14009099



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0940754 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER OF THE STATE OF FL
DIVISION OF LEGAL SERVICES
200 EAST GAINES STREET
TALLAHASSEE, FL 32314-6200

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONO, HIKARU		NAME	Narimatsu, Hiroshi	
STREET ADDRESS	145E 48TH ST., APT. 17G		STREET ADDRESS	230 Park Avenue	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	New York, NY 10169	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, B. STEVEN		NAME	Goldstein, B. Steven	
STREET ADDRESS	20 BEEKMAN PLACE		STREET ADDRESS	230 Park Avenue	
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP	New York, NY 10169	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLONEY, LAWRENCE		NAME	Moloney, Lawrence	
STREET ADDRESS	700 CHICAGO BLVD.		STREET ADDRESS	230 Park Avenue	
CITY-ST-ZIP	SEA GIRT, NJ 08750		CITY-ST-ZIP	New York, NY 10169	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELSON, CARYN		NAME	Angelson, Caryn	
STREET ADDRESS	190 DELHI ROAD		STREET ADDRESS	230 Park Avenue	
CITY-ST-ZIP	SCARSDALE, NY 10583		CITY-ST-ZIP	New York, NY 10169	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWAKAMI, JOJI		NAME	Kawakami, Joji	
STREET ADDRESS	7-1-11, HINO MINAMI, KOUNAN-KU		STREET ADDRESS	2-1, Marunouchi 1-chome	
CITY-ST-ZIP	YOKOHAMA-SHI, KANAGAWA 234-0,		CITY-ST-ZIP	Chiyoda-ku Tokyo 100-8050 JAPAN	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISHIMARU, SEIGO		NAME	Ishimaru, Seigo	
STREET ADDRESS	100 U.N. PLAZA, #21-F		STREET ADDRESS	2-1, Marunouchi 1-chome	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	Chiyoda-ku Tokyo 100-8050 JAPAN	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Steven Goldstein** 4/29/2005 (212) 297-6986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14009099

**Attachment to 2005 For Profit Corporation Annual Report
 TNUS Insurance Company
 Document # F04000004182**

10. (continued)

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kobayashi, Ataru 230 Park Avenue New York, NY 10169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kim, John 230 Park Avenue New York, NY 10169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D La Rocca, Lisa 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 Noguchi, Tsuyoshi 230 Park Avenue New York, NY 10169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Oba, 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Senoo, Kanji 230 Park Avenue New York, NY 10169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Woods, Mark 230 Park Avenue New York, NY 10169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition