


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90165 018 \*\*\*150.00

**DOCUMENT # F04000004182**

1. Entity Name  
**TNUS INSURANCE COMPANY**



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

Mailing Address  
**230 PARK AVENUE  
 NEW YORK, NY 10169**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04112006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0940754** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 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 NARIMATSU, HIROSHI 230 PARK AVE NEW YORK, NY 10169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, B. STEVEN 230 PARK AVE NEW YORK, NY 10169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLONEY, LAWRENCE 230 PARK AVE NEW YORK, NY 10169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELSON, CARYN 230 PARK AVE NEW YORK, NY 10169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWAKAMI, JOJI 2-1, MARUNOUCHI 1-CHOME CHIYODA-KU, TOKYO, JAPAN, 100-850 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISHIMARU, SEIGO 2-1, MARUNOUCHI 1-CHOME CHIYODA-KU, TOKYO, JAPAN, 100-850 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD MIYAMOTO, HIROSHI 230 PARK AVENUE NEW YORK NY 10169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELSON, CARYN 230 PARK AVENUE NEW YORK, NY 10169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 ISOGAI, HAYATO 2-1, MARUNOUCHI 1-CHOME CHIYODA-KU, TOKYO, JAPAN, 100-850 <input type="checkbox"/> Change <input 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

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** 4/27/2006 (212)297-6600

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

# ATTACHMENT

40078070

Attachment to 2006 For Profit Corporation Annual Report

TNUS Insurance Company

Document# F04000004182

10. (continued)

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 Mochizuki, Shuzo 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hinson, Gary 230 Park Avenue New York, NY 10169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition