


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000004182 1. Entity Name TNUS INSURANCE COMPANY	
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Principal Place of Business 230 PARK AVENUE NEW YORK, NY 10169	Mailing Address 230 PARK AVENUE NEW YORK, NY 10169
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04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0940754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD HIROSHI, MIYAMOTO 230 PARK AVENUE NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOLDSTEIN, B. STEVEN 230 PARK AVE NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOLONEY, LAWRENCE 230 PARK AVE NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANGELSON, CARYN 230 PARK AVE NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LA ROCCA, LISA 230 PARK AVENUE NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISHIMARU, SEIGO 2-1, MARUNOUCHI 1-CHOME CHIYODA-KU, TOKYO, JAPAN, 100-850

U000000935728
05/23/08-80083-009 150.00

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IN THIS SPACE**

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.
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Steven Goldstein

Date

Daytime Phone #

4/29/08 (212) 297-6602