## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000004182

**Entity Name: TNUS INSURANCE COMPANY** 

FILED Apr 20, 2009 Secretary of State

		0017/11/02/001/11/11			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
230 PARK NEW YOR	AVENUE RK, NY 10169				
Current Mailing Address:			New Maili	New Mailing Address:	
230 PARK NEW YOR	AVENUE RK, NY 10169				
FEI Number	: 20-0940754	FEI Number Applied For()	El Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
DIVISION 200 EAST TALLAHA	OF LEGAL SE GAINES STR SSEE, FL 323	EET 146200 US			
	e named entity e of Florida.	submits this statement for the purp	oose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Agent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPD ( HIROSHI, MIY. 230 PARK AVE NEW YORK, N	ENUE	Title: Name: Address: City-St-Zip:	CPD (X) Change ( ) Addition MIYAMOTO, HIROSHI 230 PARK AVENUE NEW YORK, NY 10169	
Title: Name: Address: City-St-Zip:	SD ( GOLDSTEIN, I 230 PARK AVE NEW YORK, N		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( MOLONEY, LA 230 PARK AVE NEW YORK, N	<u> </u>	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ANGELSON, O 230 PARK AVE NEW YORK, N		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( LA ROCCA, LI 230 PARK AVE NEW YORK, N	ENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ISHIMARU, SE 2-1, MARUNO	) Delete IGO JCHI 1-CHOME TOKYO, JAPAN, 100-850	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ISOGAI, HAYATO 230 PARK AVENUE NEW YORK, NY 10169	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: B. STEVEN GOLDSTEIN S 04/20/2009