


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90245 002 ***150.00

DOCUMENT # 852219	
1. Entity Name TRANS PACIFIC INSURANCE COMPANY	

Principal Place of Business 230 PARK AVENUE NEW YORK, NY 10169	Mailing Address 230 PARK AVENUE NEW YORK, NY 10169
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04042005 Chg-P CR2E034 (10/03)

4. FEI Number 13-3118700	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARIMATSU, HIROSHI 230 PARK AVENUE NEW YORK, NY 10169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ishii, Ichiro 800 E. Colorado Blvd. Pasadena, CA 91101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, STEVEN B 230 PARK AVENUE NEW YORK, NY 10169 <input type="checkbox"/> Delete	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	TD MOLONEY, LAWRENCE 230 PARK AVENUE NEW YORK, NY 10169 <input type="checkbox"/> Delete	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 TAKASHIMA, KAZUHIKO 900 E COLORADO BLVD PASADENA, CA 91101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Takashima, Kazuhiko 800 E. Colorado Blvd. Pasadena, CA 91101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, HARVEY 230 PARK AVENUE NEW YORK, NY 10169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kobayashi, Yoshitumi 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harada, Susumu 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 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 empowerment.

SIGNATURE:  **Steven Goldstein** **4/28/2005** **(212) 297-6986**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14009100
Attachment to 2005 For Profit Corporation Annual Report
Trans Pacific Insurance Company

Document # 852219

10. (continued)

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