


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90406 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
--	--

40088909

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052007 Chg-P CR2E034 (12/06)

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

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 AVE NEW YORK, NY 10169 <input checked="" type="checkbox"/> Delete	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	SD GOLDSTEIN, B. STEVEN 230 PARK AVE NEW YORK, NY 10169 <input type="checkbox"/> Delete	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	TD MOLONEY, LAWRENCE 230 PARK AVE NEW YORK, NY 10169 <input type="checkbox"/> Delete	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 ANGELSON, CARYN 230 PARK AVE NEW YORK, NY 10169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMAHON, 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 KAWAKAMI, JOJI 2-1, MARUNOUCHI 1-CHOME CHIYODA-KU, TOKYO, JAPAN, 100-850 <input checked="" type="checkbox"/> Delete	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 ISHIMARU, SEIGO 2-1, MARUNOUCHI 1-CHOME CHIYODA-KU, TOKYO, JAPAN, 100-850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAWAHARA, MITSUHIRO 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 4/27/2007 (212) 297-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

ATTACHMENT 40088909

Attachment to 2007 For Profit Corporation Annual Report

TNUS Insurance Company

Document # F04000004182

10. (continued)

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISOGAI, HAYATO 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