

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90202 001 \*\*\*550.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                                                                   |                                                                                                                                                                                                     |                                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 830984</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                                   |                                                                                                                                                                                                     |                    |  |
| <b>1. Entity Name</b><br><b>THE TOKIO MARINE AND FIRE INSURANCE COMPANY, LIMITED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                                   |                                                                                                                                                                                                     |                                                                                                     |  |
| <b>Principal Place of Business</b><br><b>230 PARK AVENUE</b><br><b>NEW YORK, NY 10169 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                   | <b>Mailing Address</b><br><b>230 PARK AVENUE</b><br><b>NEW YORK, NY 10169 US</b>                                                                                                                    |                                                                                                     |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      | <b>3. Mailing Address</b>                                                                         |                                                                                                                                                                                                     |                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | Suite, Apt. #, etc.                                                                               |                                                                                                                                                                                                     |                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      | City & State                                                                                      |                                                                                                                                                                                                     |                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                              | Zip                                                                                               | Country                                                                                                                                                                                             | <b>4. FEI Number</b><br><b>NOT APPLICABLE</b>                                                       |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                                                                                                   |                                                                                                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                               |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                   | <b>7. Name and Address of New Registered Agent</b>                                                                                                                                                  |                                                                                                     |  |
| <b>CHIEF FINANCIAL OFFICER</b><br><b>P O BOX 6200 (32314-6200)</b><br><b>200 E. GAINES ST</b><br><b>TALLAHASSEE, FL 32399-0000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |                                                                                                   | <b>Name</b><br><br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br><br><br><b>City</b> <span style="float: right;"><b>FL</b></span> <span style="float: right;"><b>Zip Code</b></span> |                                                                                                     |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                                   |                                                                                                                                                                                                     |                                                                                                     |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;"><b>DATE</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |                                                                                                   |                                                                                                                                                                                                     |                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                     |                                                                                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                        |                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>CPD</b><br><b>NARIMATSU, HIROSHI</b><br><b>230 PARK AVENUE</b><br><b>NEW YORK, NY 10169</b>       | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>VSD</b><br><b>GOLDSTEIN, STEVEN B</b><br><b>230 PARK AVENUE</b><br><b>NEW YORK, NY 10169</b>      | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>VT</b><br><b>MOLONEY, LAWRENCE</b><br><b>230 PARK AVENUE</b><br><b>NEW YORK, NY 10169</b>         | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>V</b><br><b>PIEFFER, DAVID</b><br><b>230 PARK AVENUE</b><br><b>NEW YORK, NY 10169</b>             | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>VD</b><br><b>TAKASHIMA, KAZUHIKO</b><br><b>800 E. COLORADO BLVD.</b><br><b>PASADENA, CA 91101</b> | <input checked="" type="checkbox"/> Delete                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                  | <b>V</b><br><b>Takashima, Kazuhiko</b><br><b>800 E. Colorado Blvd.</b><br><b>Pasadena, CA 91101</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>V</b><br><b>HIGURASHI, NORITAKE</b><br><b>230 PARK AVENUE</b><br><b>NEW YORK, NY 10169</b>        | <input checked="" type="checkbox"/> Delete                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                  | <b>VD</b><br><b>Sherman, Harvey</b><br><b>230 Park Avenue</b><br><b>New York, NY 10169</b>          |  |
| <b>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 empowered.</b> |                                                                                                      |                                                                                                   |                                                                                                                                                                                                     |                                                                                                     |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                                                   | Date <span style="float: right;">Daytime Phone #</span>                                                                                                                                             |                                                                                                     |  |

*Attachment 24074601*

**Attachment to 2004 For Profit Corporation Annual Report  
The Tokio Marine and Fire Insurance Company, Limited  
Document # 830984**

10. (continued)

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|----------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>Kobayashi, Yoshifumi<br>230 Park Avenue<br>New York, NY 10169                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>Nakamura, Toshio<br>230 Park Avenue<br>New York, NY 10169                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>Namekawa, Fumiaki<br>2-1, Marunouchi 1-chome<br>Chiyoda-ku Tokyo 100-8050 JAPAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>Oba, Masashi<br>230 Park Avenue<br>New York, NY 10169                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>Ota, Motoshi<br>2-1, Marunouchi 1-chome<br>Chiyoda-ku Tokyo 100-8050 JAPAN      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>Tamesue, Nobuki<br>230 Park Avenue<br>New York, NY 10169                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |