2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90246 050 ***150.00

DOCUMENT # 830984 1. Entity Name TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD.											
Principal Place of Business 230 PARK AVENUE NEW YORK, NY 10169 US		Mailing Address 230 PARK AVENUE NEW YORK, NY 10169 US					140091(1881 W (8 4)	
2. Principal Place of Business		3. Mailing Address					1772				
Suite, Apt. #. etc.		Suite, Apt. #, etc.				04042005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State				4. FEI Numbe NOT AF	PLICABLE			plied For t Applicable	
Zip Country		Zip				L	of Status Desired		\$8.75 Add Fee Required	itional d	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered .	Agent		
CHIEF CINANCIAL OFFICED					Name						
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST				Street Ac	dress (P.O. Box Number	er is Not Acceptable	1)			
	SSEE, FL 32399-0000		ĺ								
			ſ	City				FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	d office or	register	red agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and little if applicable. (NOTE	Registered	Agent signatu	re required	I when reinstating)		DATE	***		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Contr		cing	\$5 .	.00 May Be led to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE .	CPD NARIMATSU, HIROSHI	☐ Defete	TITLE		Gev A	ta, Masa D Park /	zyuKi		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	230 PARK AVENUE NEW YORK, NY 10169			ST-ZIP	Ne	o Park A	MY 1014	-9			
TITLE NAME	VSD GOLDSTEIN, STEVEN B	☐ Delete	TITLE	I	V		oshifumi		Change	Addition	
STREET ADDRESS CITY - ST - ZIP	230 PARK AVENUE NEW YORK, NY 10169		J	ET ADDRESS ST-ZIP	23	> Park	Avenue NY 10169				
TITLE	VI	☐ Delete	TITLE		D		<u> </u>		☐ Change	Addition	
NAME	MOLONEY, LAWRENCE		NAME	i	OP	zi Masa	5hi				
STREET ADDRESS	230 PARK AVENUE			ET ADJORESS ST-ZIP			Avenue				
CITY-ST-ZIP	NEW YORK, NY 10169				2 50	w tork	, MY IOI	<u> ۲۹</u>	FIEZ OL:		
TITLE NAME	V PIEFFER, DAVID	Delete	TITLE	I		fer, Da	iid		Change	Addition	
STREET ADDRESS	230 PARK AVENUE		STREE	ET ADDRESS	23	o Park	Avenue				
CITY-ST-ZIP	NEW YORK, NY 10169		CITY-	ST-ZIP	New	York, 1	44 10169	<u> </u>			
TITLE	V	☐ Delete	TITLE		D		4.		☐ Change	Addition	
NAME	TAKASHIMA, KAZUHIKO		NAME			gai, Har	jaro 1 chi 1-eho	. 🕳			
STREET ADDRESS CITY-ST-ZIP	800 E. COLORADO BLVD. PASADENA, CA 91101		•	ET ADDRESS ST-ZIP					.050 7	εΛ.O	
TITLE	VD	₩ Delete	TITLE	-	D	1000.Vi	1 Tokyo 1	<u></u>	☐ Change	Addition	
NAME	SHERMAN, HARVEY	FOR DEISIG	NAME		Nam	ekama	Funiaki		C Amendia	- Augustu	
STREET ADDRESS	230 PARK AVENUE			ET ADDRESS	2-1	Maruno	uchi 1-ch	ome			
CITY-ST-ZIP	NEW YORK, NY 10169		CITY-	\$T-ZIP			u. Tokyo		3050	A PAN	
12. I hereby of indicated	certify that the information supplied wit on this report or supplemental report i	h this filing does not qualify for s true and accurate and that n	r the exer	nption stat ure shall h	ed in Se ave the	ection 119.07(3) same legal effec	(i), Florida Statutes. ct as if made under o	I further ce oath; that I	rtify that the ir am an officer	nformation 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/200 Date

(212)297-6600

Daytime Phone #