

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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RE-SUBMIT

To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

Please retain original filing date of submission 5/2

245-6804
 Attn: Diane Cushing
 FILED
 MAY - 2 PM 3:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Tokio Marine America Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	0708
Estimated Charge	\$70.00

Re-Send (Need ASAP) Thank You!

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850)222-1092
 Fax Number : (850)878-5368

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**Foreign Limited Liability Company
 Tokio Marine America Insurance Company**

Certificate of Status	1
Certified Copy	0
Page Count	0708
Estimated Charge	\$130.00

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<https://efile.sunbiz.org/scripts/efilcovr.exe>

5/2/2012

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE
 05/02 14:59 6176383 00:01:01 07 OK STANDARD
 ECM

TIME : 05/02/2012 15:00
 NAME : CT CORPORATION
 FAX : 8656336092
 TEL : 8653423522
 SER.# : BROK9J985188

TRANSMISSION VERIFICATION REPORT

To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
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Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Tokio Marine America Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	0108
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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5/2/2012

DATE, TIME	05/04 09:15
FAX NO./NAME	6176381
DURATION	00:01:18
PAGE(S)	08
RESULT	OK
MODE	STANDARD
ECM	

TIME : 05/04/2012 09:16
 NAME : CT CORPORATION
 FAX : 86563336092
 TEL : 8653423522
 SER.# : BROK9J985188

TRANSMISSION VERIFICATION REPORT

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Tokio Marine America Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 13-4032666
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/13/1998 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 230 Park Avenue New York, NY 10169
(Principal office address)

230 Park Avenue New York, NY 10169
(Current mailing address)

8. Property and Casualty Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer

Office Address: PO Box 6200 (32314-6200) 200 E. Gaines St.

Tallahassee, Florida 32339
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12 MAY -2 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12. Names and business addresses of officers and/or directors: **SEE ATTACHED**

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. **B. Steven Goldstein, Secretary**

(Typed or printed name and capacity of person signing application)

FILED
12 JAN - 2 PM 3: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

Attachment

12. Names and business address of officers and/or directors:

A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: None

Address: _____

Director: Caryn Angelson

Address: 230 Park Avenue

New York, NY 10169

Director: Ramesh Casuba

Address: 230 Park Avenue

New York, NY 10169

Director: B. Steven Goldstein

Address: 230 Park Avenue

New York, NY 10169

Director: Ann Ginn

Address: 230 Park Avenue

New York, NY 10169

Director: David Gottschall

Address: 230 Park Avenue

New York, NY 10169

Director: Hiroaki Ishida

Address: 230 Park Avenue

New York, NY 10169

Director: Shigeo Kuwabara

Address: 230 Park Avenue

New York, NY 10169

Director: Lisa La Rocca

Address: 230 Park Avenue

New York, NY 10169

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

Attachment

Director: Shinkichi Miki
Address: 800 East Colorado Blvd.
Pasadena, CA 91101

Director: Hiroshi Saito
Address: 230 Park Avenue
New York, NY 10169

Director: Hiroyuki Watabiki
Address: 230 Park Avenue
New York, NY 10169

Director: Arya Yarpezeskhan
Address: 230 Park Avenue
New York, NY 10169

B. OFFICERS

President: Hiroyuki Watabiki
Address: 230 Park Avenue
New York, NY 10169

Vice President: None
Address: _____

Secretary: B. Steven Goldstein
Address: 230 Park Avenue
New York, NY 10169

Treasurer: Arlene Mahmoud
Address: 230 Park Avenue
New York, NY 10169

Controller: Lisa La Rocca
Address: 230 Park Avenue
New York, NY 10169

Certificate of Good Standing

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

TOKIO MARINE AMERICA INSURANCE COMPANY
of New York, New York

was incorporated under the Laws of the State of New York on August 13, 1998, under the title of TM CASUALTY INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on September 23, 1999;

that it changed its name to TOKIO MARINE AMERICA INSURANCE COMPANY on March 15, 2012.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine, marine protection and indemnity, gap and service contract reimbursement insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 26 and 28 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and has been continuously licensed and remains in good standing to the date of this certificate.



*** INVALID WITHOUT OFFICIAL SEAL ***

FILED
12 MAY -2 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Good Standing

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES



In Witness Whereof, I have hereunto set my hand
and affixed the official seal of this Department
at the City of Albany, New York, this
30th day of April, 2012

BENJAMIN M. LAWSKY

Superintendent

By

Jacqueline Catalano

Special Deputy Superintendent