

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003320

Entity Name: TOKIO MARINE MANAGEMENT, INC.**Current Principal Place of Business:**1221 AVENUE OF THE AMERICAS, SUITE 1500
NEW YORK, NY 10020**Current Mailing Address:**1221 AVENUE OF THE AMERICAS, SUITE 1500
NEW YORK, NY 10020 US**FEI Number:** 13-2871816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name WADA, KIYOSHI
Address 1221 AVENUE OF THE AMERICAS,
SUITE 1500
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR
Name GINN, ANN
Address 499 WASHINGTON BLVD., SUITE 1500
City-State-Zip: JERSEY CITY NJ 07310

Title TREASURER
Name KELLY, MICHAEL
Address C/O TMNA SERVICES, LLC
3 BALA PLAZA EAST SUITE 400
City-State-Zip: BALA CYNWYD PA 19004

Title DIRECTOR
Name MAEDA, TSUYOSHI
Address 1221 AVENUE OF THE AMERICAS,
SUITE 1500
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR
Name GOLDSTEIN, B. STEVEN
Address 499 WASHINGTON BLVD., SUITE 1500
City-State-Zip: JERSEY CITY NJ 07310

Title CFO
Name GILMER-PAUCIELLO, KAREN
Address THREE BALA PLAZA EAST
C/O TMNA SERVICES, LLC SUITE 400
City-State-Zip: BALA CYNWYD PA 19004

Title SECRETARY
Name SAYAGO, EDWARD
Address 1221 AVENUE OF THE AMERICAS,
SUITE 1500
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR
Name ZREBIEC, JAMES
Address 1221 AVENUE OF THE AMERICAS,
SUITE 1500
C/O TOKIO MARINE MANAGEMENT,
INC.
City-State-Zip: NEW YORK NY 10020

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD SAYAGO**SECRETARY****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'LEARY, ROBERT
Address ONE BALA PLAZA
C/O PHILADELPHIA INSURANCE COMPANIES
SUITE 100
City-State-Zip: BALA CYNWYD PA 19004

Title DIRECTOR
Name FAZZINI, CHRISTOPER
Address 2001 MARKET STREET
C/O RELIANCE STANDARD LIFE INSURANCE
COMPANY SUITE 1500
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR
Name YODA, MAKOTO
Address 1221 AVENUE OF THE AMERICAS, SUITE 1500
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR
Name SUZUKI, TOSHIAKI
Address 2-1, MARUNOUCHI 1-CHOME
City-State-Zip: CHIYODA-KU 100-8050

Title DIRECTOR
Name WILHELM, MARK
Address 1832 SCHUETZ ROAD
C/O SAFETY NATIONAL CASUALTY
CORPORATION
City-State-Zip: ST. LOUIS MO 63146