

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003320

**Entity Name:** TOKIO MARINE MANAGEMENT, INC.

**Current Principal Place of Business:**

230 PARK AVENUE  
NEW YORK, NY 10169

**Current Mailing Address:**

230 PARK AVENUE  
C/O LEGAL DEPT.  
NEW YORK, NY 10169

**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            UMEDA, KOKI  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            GOLDSTEIN, B. STEVEN  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            GINN, ANN  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

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            TREASURER  
Name            MAHMOUD, ARLENE  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            SECRETARY  
Name            SAYAGO, EDWARD  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            HARASHIMA, AKIRA  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

Title            DIRECTOR  
Name            ENDO, YOSHINARI  
Address        230 PARK AVENUE  
City-State-Zip: NEW YORK NY 10169

**Continues on page 2**

*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**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ZREBIEC, JAMES  
Address 230 PARK AVENUE  
C/O TOKIO MARINE MANAGEMENT, INC.  
City-State-Zip: NEW YORK NY 10169

Title DIRECTOR  
Name KOJIMA, CHISATO  
Address 2-1, MARUNOUCHI 1-CHOME  
City-State-Zip: CHIYODA-KU TOKYO 100-8050

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 KOJIMA, CHISATO  
Address 2-1, MARUNOUCHI 1-CHOME  
City-State-Zip: CHIYODA-KU TOKYO 100-8050