## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003320

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

**Current Principal Place of Business:** 

590 MADISON AVENUE 29TH FLOOR

NEW YORK, NY 10022

**Current Mailing Address:** 

590 MADISON AVENUE 29TH FLOOR NEW YORK, NY 10022 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

**FILED** Apr 24, 2024

Secretary of State

4869957790CC

Officer/Director Detail:

Title PRESIDENT, CEO, DIRECTOR Title DIRECTOR

GOLDSTEIN, B. STEVEN Name UGAERI. DAISUKE Name

Address 590 MADISON AVENUE, 29TH FLOOR Address 499 WASHINGTON BLVD., SUITE 1500

City-State-Zip: NEW YORK NY 10022 City-State-Zip: JERSEY CITY NJ 07310

Title DIRECTOR

CFO Title Name GINN, ANN

GILMER-PAUCIELLO, KAREN Name Address 499 WASHINGTON BLVD., SUITE 1500

THREE BALA PLAZA EAST Address

C/O TMNA SERVICES, LLC SUITE 400 City-State-Zip: JERSEY CITY NJ 07310

City-State-Zip: BALA CYNWYD PA 19004 Title **TREASURER** 

KELLY, MICHAEL Name Title **SECRETARY** 

C/O TMNA SERVICES, LLC SAYAGO, EDWARD Address Name

3 BALA PLAZA EAST SUITE 400 590 MADISON AVENUE, 29TH FLOOR Address

BALA CYNWYD PA 19004 City-State-Zip: NEW YORK NY 10022 City-State-Zip:

Title **DIRECTOR** 

Title DIRECTOR Name SHIMOMURA, TAKAYUKI ZREBIEC, JAMES Name

Address 2-6-4 OTEMACHI

590 MADISON AVENUE, 29TH FLOOR Address CHIYODA-KU TOKYO 100-0004 City-State-Zip: C/O TOKIO MARINE MANAGEMENT,

City-State-Zip: NEW YORK NY 10022

## 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.

04/24/2024 SIGNATURE: EDWARD SAYAGO SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

DIRECTOR Title GLOMB, JOHN Name Address ONE BALA PLAZA

C/O PHILADELPHIA INSURANCE COMPANIES

City-State-Zip: BALA CYNWYD PA 19004

Title DIRECTOR

Name FAZZINI, CHRISTOPER 1700 MARKET STREET Address

C/O RELIANCE STANDARD LIFE INSURANCE

**COMPANY SUITE 1200** 

City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR

Name KOIKE, MASAHRIO

Address 590 MADISON AVENUE, 29TH FLOOR

City-State-Zip: NEW YORK NY 10022 Title DIRECTOR IDA, TAKASHI Name

Address 2-6-4 OTEMACHI

City-State-Zip: CHIYODA-KU TOKYO 100-0004

Title DIRECTOR

HERCULES, DUANE Name

1832 SCHUETZ ROAD Address

C/O SAFETY NATIONAL CASUALTY

**CORPORATION** 

City-State-Zip: ST. LOUIS MO 63146