

2023 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

FILED
Apr 28, 2023
Secretary of State
9633087106CC

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

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name UGAERI, DAISUKE
Address 590 MADISON AVENUE, 29TH FLOOR
City-State-Zip: NEW YORK NY 10022

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

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

Title SECRETARY
Name SAYAGO, EDWARD
Address 590 MADISON AVENUE, 29TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name SHIMOMURA, TAKAYUKI
Address 2-6-4 OTEMACHI
City-State-Zip: CHIYODA-KU TOKYO 100-0004

Title DIRECTOR
Name ZREBIEC, JAMES
Address 590 MADISON AVENUE, 29TH FLOOR
 C/O TOKIO MARINE MANAGEMENT,
 INC.
City-State-Zip: NEW YORK NY 10022

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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

04/28/2023

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 1700 MARKET STREET
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
Name IDA, TAKASHI
Address 2-6-4 OTEMACHI
City-State-Zip: CHIYODA-KU TOKYO 100-0004

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