

CT CORPORATION SYSTEM

F01000004145

CORPORATION(S) NAME

Nipponkoa Insurance Company of America

FILED
01 AUG -6 PM 2:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG -6 PM 12:45
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

<input checked="" type="checkbox"/> Profit	() Amendment	() Merger
() Nonprofit	() Dissolution/Withdrawal	() Mark
<input checked="" type="checkbox"/> Foreign	() Reinstatement	() Other
() Limited Partnership	() Annual Report	() Change of RA
() LLC	() Name Registration	() UCC
<input checked="" type="checkbox"/> Certified Copy	() Fictitious Name	<input checked="" type="checkbox"/> CUS
() Photocopies	() Call When Ready	() Call If Problem
() Call When Ready	() Will Wait	() After 4:30
(x) Walk In		(x) Pick Up
() Mail Out		

Name _____
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Examiner _____
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Verifier _____
W.P. Verifier _____

8/6/01

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BK

Order#: 4688240

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Ref#: *****37.50 *****37.50

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIPPONKOA Insurance Company of America
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John P. Hilferty

(Name of Person)

NIPPONKOA Insurance Company of America

(Firm/Company)

830 Third Avenue, Suite 810

(Address)

New York, NY 10022

(City/State and Zip code)

For further information concerning this matter, please call:

John P. Hilferty

(Name of Person)

at (800) 281-4562 x 15.

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

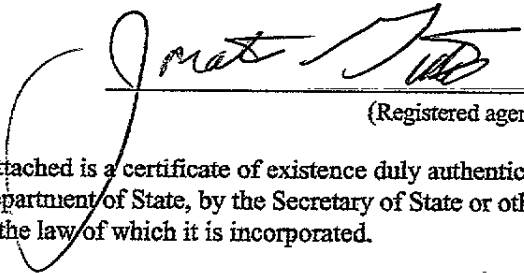
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

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1. NIPPONKOA Insurance Company of America
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York 3. 13-4151621
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 7, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or perpetual)
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 830 Third Avenue, Suite 810, New York, NY 10022
(Principal office address)
830 Third Avenue, Suite 810, New York, NY 10022
(Current mailing address)
8. Property and Casualty Insurance Company
(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 or Mail Drop Box **NOT** acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.



Jonathan R. Giddings
Assistant Secretary

(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

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TALLAHASSEE FLORIDA

B. OFFICERS

President: See attached

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 Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kozo Saito, President and a Director

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

NIPPONKOA Insurance Company of America
FEIN: 13-4151621

**Application by a Foreign Corporation for Authorization to Transact Business in
Florida**

12. A. Names and business addresses of directors

Sharon Doreen Carberry
John Peter Hilferty
Harumichi Ishu
John Ivaliotis
Kazuhiro Kawachimaru
Kozo Saito
Takaharu Sato

NIPPONKOA Insurance Company of America
830 Third Avenue, Suite 810
New York, NY 10022

James Patrick Donovan
Arnold Kideckel
Philip Quaranta
Robert Martin Weber

Wilson, Elser, Moskowitz, Edelman & Dicker
150 East 42nd Street
New York, NY 10017-5639

Tomoyuki Yunoue

NIPPONKOA Insurance Company of America
180 N. LaSalle Street, Suite 1821
Chicago, IL 60601

Tetsutaro Hiraoka

Koa Management Services, Inc.
600 Wilshire Boulevard, Suite 1470
Los Angeles, CA 90017

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NIPPONKOA Insurance Company of America
FEIN: 13-4151621

**Application by a Foreign Corporation for Authorization to Transact Business in
Florida**

12. B. Names and business addresses of officers

President	Kozo Saito
Executive Vice President & Secretary	John Peter Hilferty
Vice President & Treasurer	Kazuhiro Kawachimaru
Vice Presidents	Harumichi Ishu
	Takaharu Sato
Controller	Sharon Doreen Carberry
Assistant Vice President	John Ivaliotis
NIPPONKOA Insurance Company of America	
830 Third Avenue, Suite 810	
New York, NY 10022	

Vice President	Tomoyuki Yunoue
NIPPONKOA Insurance Company of America	
180 N. LaSalle Street, Suite 1821	
Chicago, IL 60601	

Vice President	Tetsutaro Hiraoka
Koa Management Services, Inc.	
600 Wilshire Boulevard, Suite 1470	
Los Angeles, CA 90017	

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Certificate of Good Standing

STATE OF NEW YORK
INSURANCE DEPARTMENT

It is hereby certified that

NIPPONKOA INSURANCE COMPANY OF AMERICA
of New York, New York

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was incorporated under the Laws of the State of New York on December 7, 2000, under the title of NIPPONKOA INSURANCE COMPANY OF AMERICA and was licensed to transact insurance business in the State of New York on March 31, 2001 .

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, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, motor vehicle and aircraft physical damage and marine and inland marine(inland only) insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 19 and 20 of Section 1113(a) of the New York Insurance Law, , and as authorized by Section 4102(c), insurance of every kind or description outside of the United States and reinsurance of every kind or description and has been continuously licensed and remains in good standing to the date of this certificate.



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
27th day of July, 2001

GREGORY V. SERIO
Superintendent of Insurance

By

Frank G. D'Amico

Special Deputy Superintendent