## 2002 UNIFORM BUSINESS REPORT (UBR) F01000004145 **DOCUMENT #** 1. Entity Name NIPPONKOA INSURANCE COMPANY OF AMERICA Principal Place of Business Mailing Address 830 THIRD AVENUE, SUITE 810 830 THIRD AVENUE. SUITE 810 NEW YORK NY 10022 NEW YORK NY 10022

## FILED Feb 05, 2002 8:00 am Secretary of State 02-05-2002 90006 036 \*\*\*158.75

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6.	Name and Address of Current F	legistered Agent		7. N	lame and Addre	ss of New Regis	stered A	gent		
C T CORPORATION SYSTEM			Name							
1200 SOUTH PINE ISLAND ROAD			Street Add	Street Address (P.O. Box Number is Not Acceptable)						
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Signatu	re, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature r	required when re	instating)		DATE			
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of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.