
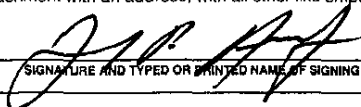


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90007 011 \*\*\*158.75

<b>DOCUMENT # F01000004145</b> 1. Entity Name <b>NIPPONKOA INSURANCE COMPANY OF AMERICA</b>					
Principal Place of Business <b>830 THIRD AVENUE, SUITE 810 NEW YORK, NY 10022</b>			Mailing Address <b>830 THIRD AVENUE, SUITE 810 NEW YORK, NY 10022</b>		
2. Principal Place of Business <b>14 WALL STREET</b>		3. Mailing Address <b>14 WALL STREET</b>			
Suite, Apt. #, etc. <b>SUITE 812</b>		Suite, Apt. #, etc. <b>SUITE 812</b>			
City & State <b>NEW YORK, NY</b>		City & State <b>NEW YORK, NY</b>			
Zip <b>10005</b>		Country 		Zip <b>10005</b>	
Country 					
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAITO, KOZO <input checked="" type="checkbox"/> Delete 830 THIRD AVENUE, SUITE 810 NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KUZU, NAOHISA</b> <b>14 WALL STREET, SUITE 812</b> <b>NEW YORK, NY 10005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete HILFERTY, JOHN P 830 THIRD AVENUE, SUITE 810 NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14 WALL STREET, STE 812</b> <b>NEW YORK, NY 10005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input checked="" type="checkbox"/> Delete KAWACHIMARU, KAZUHIRO 830 THIRD AVENUE, SUITE 810 NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VTD</b> <b>TANEMOTO, YOSHIFUMI</b> <b>14 WALL STREET, STE 812</b> <b>NEW YORK, NY 10005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete BARBERRY, SHARON D 830 THIRD AVENUE, SUITE 810 NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARBERRY, SHARON D</b> <b>14 WALL STREET, STE 812</b> <b>NEW YORK, NY 10005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete SATO, TAKAHARU 830 THIRD AVENUE, SUITE 810 NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD</b> <b>KATO, MASANORI</b> <b>14 WALL STREET, STE 812</b> <b>NEW YORK, NY 10005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete YUNQUE, TOMOYUKI 180 N. LASALLE STREET, SUITE 1821 CHICAGO, IL 60601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD</b> <b>KANDATSU, SHINICHI</b> <b>14 WALL STREET, STE 812</b> <b>NEW YORK, NY 10005</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			<b>JOHN P HILFERTY</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>7/19/04</b> <small>Daytime Phone #</small>		

64011340



07192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-4151621**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

FL Zip Code

212.405-1650x150