2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000004145

1. Entity Name
NIPPONKOA INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
14 WALL STREET STE 812 NEW YORK, NY 10005	14 WALL STREET STE 812 NEW YORK, NY 10005

01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4151621
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUZUU, NAOHISA
STREET ADDRESS	14 WALL STREET STE 812
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	VSD
NAME	HILFERTY, JOHN P
STREET ADDRESS	14 WALL STREET STE 812
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	VTD
NAME	TANEMOTO, YOSHIFUMI
STREET ADDRESS	14 WALL STREET STE 812
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	VD
NAME	MORRISON, SHARON D
STREET ADDRESS	14 WALL STREET STE 812
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	VD
NAME	NISHIMURA, KENJIRO
STREET ADDRESS	14 ALL STREET., STE. 812
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	VD
NAME	KANDATSU, SHINICHI
STREET ADDRESS	14 WALL STREET STE 812
CITY-ST-ZIP	NEW YORK, NY 10005

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 212-405-1650 x 150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John P. Hilferty 02/22/07