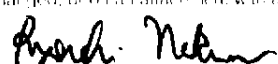


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 849881 (8) 1. Corporation Name Nippon Life Insurance Company of America			
Principal Place of Business 450 Lexington Ave Suite 3200 New York, NY 10017-3985 U.S.		Mailing Address 711 High Street Corp Tax, G-14 Des Moines, IA 50392-0350	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 7/31/1981		4. FEI Number 04-2509896	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent Insurance Commissioner Capital Building Tallahassee, FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
12. OFFICERS AND DIRECTORS TITLE P/C/D ☐ DELETE NAME Koichi Toyomaru STREET ADDRESS 450 Lexington Ave., Ste. 3200 CITY-ST-ZIP New York, NY 10017-3985 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition 11 TITLE 500002539705 12 NAME -05/28/98--01102--014 13 STREET ADDRESS ***150.00 14 CITY-ST-ZIP 21 TITLE V/D ☐ Change ☒ Addition 22 NAME Masami Suzuki 23 STREET ADDRESS 450 Lexington Ave., Ste. 3200 24 CITY-ST-ZIP New York, NY 10017-3985 31 TITLE V ☐ Change ☒ Addition 32 NAME Ryoichi Nakamura 33 STREET ADDRESS 450 Lexington Ave., Ste. 3200 34 CITY-ST-ZIP New York, NY 10017-3985 41 TITLE V ☐ Change ☒ Addition 42 NAME Steven Keshner 43 STREET ADDRESS 450 Lexington Ave., Ste. 3200 44 CITY-ST-ZIP New York, NY 10017-3985 51 TITLE V ☐ Change ☒ Addition 52 NAME Katsutoshi Oki 53 STREET ADDRESS 450 Lexington Ave., Ste. 3200 54 CITY-ST-ZIP New York, NY 10017-3985 61 TITLE V ☐ Change ☒ Addition 62 NAME Morikazu Noguchi 63 STREET ADDRESS 450 Lexington Ave., Ste. 3200 64 CITY-ST-ZIP New York, NY 10017-3985	
14. 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 annual report or supplementary annual 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		Ryoichi Nakamura 4/29/98 515-248-8253	

CR2E034 (10/97)