

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 849881**

1. Entity Name

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Principal Place of Business

450 LEXINGTON AVE., STE 3200
NEW YORK NY 10017-3985
US

Mailing Address

711 HIGH STREET
CORP TAX. G-14
DES MOINES IA 50392-0001
US

2. Principal Place of Business

3. Mailing Address

711 High Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Corp Tax, K-006-W21

City & State

City & State

Des Moines, IA

Zip

Country

Zip

50392-0350

Country

USA

4. FEI Number

04-2509896

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **KOICHI TOYOMARU**
CITY-ST-ZIP **450 LEXINGTON AVE., STE 3200**
NEW YORK NY 10017-3985TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **HILBRINK, DAVID A**
CITY-ST-ZIP **450 LEXINGTON AVENUE STE 3200**
NEW YORK NY 10017TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V**
STREET ADDRESS **STEVEN KESHNER**
CITY-ST-ZIP **450 LEXINGTON AVE., STE 3200**
NEW YORK NY 10017-3985TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **V**
STREET ADDRESS **KATSUTOSHI OKIN**
CITY-ST-ZIP **450 LEXINGTON AVE., STE 3200**
NEW YORK NY 10017-3985TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V**
STREET ADDRESS **MORIKAZU NOGUCHI**
CITY-ST-ZIP **450 LEXINGTON AVE., STE 3200**
NEW YORK NY 10017-3985TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V**
STREET ADDRESS **RYOICHI NAKAMURA**
CITY-ST-ZIP **450 LEXINGTON AVE., STE 3200**
NEW YORK NY 10017-3985TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
Ryoichi Nakamura

3/3/00

515-248-8253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)