2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849881

1. Entity Name

Nippon Life Insurance Company of America

FILED
01 SEP 26 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
450 Lexington Ave, Ste 3200 New York, NY 10017 US	711 High Street Des Moines, IA 50392 US

DO NOT WRITE IN THIS SPACE 04/16/01 90293 007 $150.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 Capitol Building Tallahassee, 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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD Koichi Toyomaru 450 Lexington Ave, Ste 3200 New York, Ny 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Robert Sadler 450 Lexington Ave, Ste 3200 New York, NY 10017	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V David A Hilbrink 450 Lexington Ave, Ste 3200 New York, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Akira Hosada 450 Lexington Ave, STe 3200 New York, NY 10017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Steven Keshner 450 Lexington Ave, Ste 3200 New York, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Tomoya Nomura 450 Lexington Ave, Ste 3200 New York, NY 10017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Morikazu Noguchi 450 Lexington Ave, Ste 3200 New York, NY 10017	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Thomas Mirra 450 Lexington Ave, Ste 3200 New York, NY 10017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Ryoichi Nakamura 450 Lexington Ave, STe3200 New York, NY 10017	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kevin Begley 450 Lexington Ave, Ste 3200 New York, NY 10017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V George McCartney 450 Lexington Ave, Ste 3200 New York, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 9/17/2001 (515) 248-8253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #