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

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

DO NOT WRITE IN THIS SPACE 04/16/01 902493 007 $150.00

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

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 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 #