
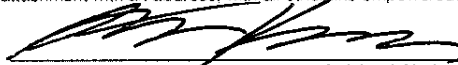


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90089 011 \*\*\*150.00

<b>DOCUMENT # 849881</b> 1. Entity Name <b>NIPPON LIFE INSURANCE COMPANY OF AMERICA</b>					
Principal Place of Business <b>521 FIFTH AVE 5TH FLOOR NEW YORK, NY 10175 US</b>			Mailing Address <b>650 8TH STREET CORP TAX DEPT DES MOINES, IA 50392-0350 US</b>		
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 <b>04-2509896</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <b>HEADLEY, KIP F</b> <b>450 LEXINGTON AVE., STE 3200 NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Headley, Kip F</b> <b>521 Fifth Avenue, 5th FL New York, NY 10175</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>HILBRINK, DAVID A</b> <b>450 LEXINGTON AVENUE STE 3200 NEW YORK, NY 10017</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice Pres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Shuichi Segawa</b> <b>521 Fifth Avenue, 5th Fl New York, NY 10175</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>STEVEN-KESHNER</b> <b>450 LEXINGTON AVE., STE 3200 NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior V.P., CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Steven Keshner</b> <b>521 Fifth Avenue, 5th FL New York, NY 10175</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>HOSADA, AKIRA</b> <b>450 LEXINGTON AVE., STE 3200 NEW YORK, NY 10017</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Chief Marketing Off</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Richard Kuhn</b> <b>521 Fifth Avenue, 5th FL New York, NY 10175</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>NOMURA, TOMOYA</b> <b>450 LEXINGTON AVE., STE 3200 NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>521 Fifth Avenue, 5th FL New York, NY 10175</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MCCARTNEY, GEORGE</b> <b>450 LEXINGTON AVE., STE 3200 NEW YORK, NY 10017</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP General Counsel &amp; Sec</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>521 Fifth Avenue, 5th FL New York, NY 10175</b>	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>Steven Keshner</b>		<b>4/21/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Attachment

44038122

#849881

Nippon Life Insurance Company of America  
Officers

Kip Headley	President, Chief Executive Officer
Shuichi Segawa	Executive Vice President
Steven Keshner	Senior Vice President, Chief Financial Officer
Kevin Begley	Vice President, Group
Richard Kuhn	Vice President, Chief Marketing Officer
George McCartney	Vice President, General Counsel & Secretary
Takayuki Murai	Vice President, Corporate Planning & Japan Desk
Tomoya Nomura	Vice President, Treasurer
Sharon Bakker	Vice President, Regional Sales Manager, Central Region
Ken Curitore	Vice President, Regional Sales Manager, Eastern Region
Hiroshi Arimura	Vice President, Japan Desk, Central Region
Yasutaka Sakai	Vice President, Japan Desk, Western Region

Directors

Kiyoshi Ujihara  
Sadao Kato  
Yoshikazu Takeda  
Kip Headley  
Takashi Minagawa  
Shuichi Segawa  
Larry Zimpleman