


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 041 ***150.00

DOCUMENT # 849881 1. Entity Name NIPPON LIFE INSURANCE COMPANY OF AMERICA					
Principal Place of Business 521 FIFTH AVE 5TH FLOOR NEW YORK, NY 10175 US			Mailing Address 650 8TH STREET CORP TAX DEPT DES MOINES, IA 50392-0350 US		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP HEADLEY, KIP F <input checked="" type="checkbox"/> Delete 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hosoda Akira 521 Fifth Ave, 5th Floor New York, Ny 10175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input checked="" type="checkbox"/> Delete SEGAWA, SHUICHI 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Reddy Christopher 521 Fifth Ave, 5th Floor New York, NY 10175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV <input type="checkbox"/> Delete STEVEN KESHNER 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hihara, Ryu 521 Fifth Ave, 5th Floor New York, NY 10175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCMO <input type="checkbox"/> Delete KUHN, RICHARD 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hihara, Ryu 521 Fifth Ave, 5th Floor New York, NY 10175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BEGLEY, KEVIN 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hihara, Ryu 521 Fifth Ave, 5th Floor New York, NY 10175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS <input type="checkbox"/> Delete MCCARTNEY, GEORGE 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hihara, Ryu 521 Fifth Ave, 5th Floor New York, NY 10175	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u>Ryu Hihara</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/25/06</u> Daytime Phone #: <u>515-248-3408</u>		

40066485



04172006 Chg-P CR2E034 (11/05)