

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
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40066485



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number 04-2509896	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
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	EVP SEGAWA, SHUICHI <input checked="" type="checkbox"/> Delete 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV STEVEN KESHNER <input type="checkbox"/> Delete 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCMO KUHN, RICHARD <input type="checkbox"/> Delete 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEGLEY, KEVIN <input type="checkbox"/> Delete 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS MCCARTNEY, GEORGE <input type="checkbox"/> Delete 521 FIFTH AVENUE, 5TH FL NEW YORK, NY 10175

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP Hosoda Akira <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 521 Fifth Ave, 5th Floor New York, Ny 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Reddy Christopher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 521: Fifth Ave, 5th Floor New York, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Treasurer Hihara, Ryu <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 521 Fifth Ave, 5th Floor New York, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ryu Hihara Date: 4/25/06 Daytime Phone #: 515-248-3408