


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90034 048 \*\*\*150.00

<b>DOCUMENT # 849881</b>	
1. Entity Name <b>Nippon Life Insurance Company of America</b>	

**DO NOT WRITE IN THIS SPACE**

**40104803**

2. Principal Place of Business <b>521 Fifth Ave, 5th Floor</b>		3. Mailing Address <b>650 8th street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Corp Tax Dept</b>	
City & State <b>New York, NY</b>		City & State <b>Des Moines, IA</b>	
Zip <b>10175</b>	Country <b>US</b>	Zip <b>50392-0350</b>	Country <b>US</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>04-2509896</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Chief Financial Officer</b>	
	Street Address (P.O. Box Number is Not Acceptable)	
	<b>PO Box 6200 (32314-6200) 200 E Gaines Street</b>	
	City <b>Tallahassee</b>	FL <b>32399-0000</b>

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

Signature typed in printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when terminating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>Akira Hosoda</b> <b>521 Fifth Ave 5th Floor, New York, NY 10175</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>CFO</b> <b>Steven Keshner</b> <b>521 Fifth Ave 5th Floor, New York, NY 10175</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S</b> <b>George McCartney</b> <b>521 Fifth Ave 5th Floor, New York, NY 10175</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>Ryu Hihara</b> <b>521 Fifth Ave 5th Floor, New York, NY 10175</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>CAO</b> <b>Jeffrey Landsman</b> <b>521 Fifth Ave 5th Floor, New York, NY 10175</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>EVP</b> <b>Christopher J. Reddy</b> <b>521 Fifth Ave 5th Floor, New York, NY 10175</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 on an attachment with an address, with all other like employment.

SIGNATURE:

*Jeffrey Landsman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/08*  
Date

*(212) 909-9861*  
Day or Night Phone #

CR2E034B (12/02)