FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90701 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849881

1. Entity Name

Nippon Life Insurance Company of America

DO NOT WRITE IN THIS SPACE

11037078

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2509896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Insurance Commissioner, State of Florida

Street Address (P.O. Box Number is Not Acceptable): Capital Building

City: Tallahasee FL Zip Code: 32301

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	See Attachment	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
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CR2E034B (12/02)

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 empowered.

SIGNATURE: _____ Sr VP & CFO 515-248-8253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1

Nippon Life Insurance Company of America
521 Fifth Avenue
New York, NY 10175
Telephone: (212) 682-3000

Attachment 84988I-1103708

Nippon Life Insurance Company of America
FEIN: 04-2509896

Officers – 2003

NAME	TITLE
Yasushi Ozaki	President and Chief Executive Officer
Kip Headley	Executive Vice President, Chief Operating Officer
Akira Hosoda	Senior Vice President
Steven Keshner	Senior Vice President, Chief Financial Officer
Tomoya Nomura	Vice President, Treasurer and Investment Officer
George McCartney	Vice President, General Counsel and Secretary
Kevin Begley	Vice President, Group
Richard Kuhn	Vice President, Sales and Chief Marketing Officer
Ken Curitore	Vice President, Regional Sales Manager, Eastern Region
Lee Dietz	Vice President, Regional Sales Manager, Western Region
Sharon Bakker	Vice President, Regional Sales Manager, Central Region
Yasutaka Sakai	Vice President, Japan Desk, Western Region
Takayuki Murai	Vice President, Japan Desk, Central Region

Address of all Officers listed:

521 Fifth Avenue, 5th Floor
New York, NY 10175, USA