2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

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Entity Name: NIPPONKOA INSURANCE COMPANY, LIMITED (U.S. BRANCH)

Current Principal Place of Business:

14 WALL STREET 8TH FL
NEW YORK, NY 10005 US

New Principal Place of Business:

Current Mailing Address:

14 WALL STREET 8TH FL
NEW YORK, NY 10005 US

New Mailing Address:

FEI Number: 98-0032627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DC
Name: KLEIN, MICHAEL F
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: DPO
Name: PRIVITERA, PAUL S
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: DSVP
Name: RYNDA, SCOTT W
Address: 385 WASHINGTON STREET
City-St-Zip: ST. PAUL, MN 55102 US

Title: VCFO
Name: HEBERT, MICHAEL
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: VCOO
Name: MULLER, CATHLEEN
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

Title: S
Name: COHN, ROBERT S
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT S. COHN S 03/18/2011

Electronic Signature of Signing Officer or Director Date