

1.) CORPORATION NAME:

NIPPONKOA Insurance Company, Limited

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1087453**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3-7-3 KASUMIGASEKI CHIYODA-KU
100-8965

CITY/ST/ZIP: TOKYO, Japan

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MASAYA FUTAMIYA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	3-7-3 KASUMIGASEKI CHIYODA-KU		
CITY/ST/ZIP/CO:	TOKYO 100-8965, , JP		

NAME:	TAKAYA ISOGAI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR MNG EXEC		
ADDRESS:	3-7-3 KASUMIGASEKI CHIYODA-KU		
CITY/ST/ZIP/CO:	TOKYO 100-8965, , JP		

NAME:	YUICHI YAMAGUCHI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DEP PRES		
ADDRESS:	3-7-3 KASUMIGASEKI CHIYODA-KU		
CITY/ST/ZIP/CO:	TOKYO 100-8965, , JP		

NAME:	HIROJI SANPEI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR MNG EXEC OFF		
ADDRESS:	3-7-3 KASUMIGASEKI CHIYODA-KU		
CITY/ST/ZIP/CO:	TOKYO 100-8965, , JP		

NAME:	OSAMU SASAKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	MNG EXEC OFF		
ADDRESS:	3-7-3 KASUMIGASEKI CHIYODA-KU		
CITY/ST/ZIP/CO:	TOKYO 100-8965, , JP		

NAME:	MASANORI KAWAI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3-7-3 KASUMIGASEKI CHIYODA-KU		
CITY/ST/ZIP/CO:	TOKYO 100-8965, , JP		

NAME: YOJI WAKUI TITLE: DIRECTOR ADDRESS: 3-7-3 KASUMIGASEKI CHIYODA-KU CITY/ST/ZIP/CO: TOKYO 100-8965, , JP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAORU TAKAHASHI TITLE: EXEC DEP PRES ADDRESS: 3-7-3 KASUMIGASEKI CHIYODA-KU CITY/ST/ZIP/CO: TOKYO 100-8965, , JP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KAZUYUKI ITO TITLE: EXEC OFFICER ADDRESS: 3-7-3 KASUMIGASEKI CHIYODA-KU CITY/ST/ZIP/CO: TOKYO 100-8965, , JP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AKIRA KARIWA TITLE: EXEC OFFICER ADDRESS: 3-7-3 KASUMIGASEKI CHIYODA-KU CITY/ST/ZIP/CO: TOKYO 100-8965, , JP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MASAYA FUTAMIYA	MASAYA FUTAMIYA, P/CEO	10/10/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		