

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214541650

1.) CORPORATION NAME:

AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1873373**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 475 N. MARTINGALE RD
SUITE 330

CITY/ST/ZIP: SCHAUMBURG, IL 60173-2275

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: DAVID C ELSTROM TITLE: PRESIDENT ADDRESS: 475 N. MARTINGALE RD. SUITE 330 CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173-2275	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HIROYUKI MUTO TITLE: PRES & CEO ADDRESS: 475 N. MARTINGALE RD. SUITE 330 CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173-2275	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN P TASY TITLE: PRESIDENT ADDRESS: 15 INDEPENDENCE BLVD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HIDEYOSHI KAMIGATA TITLE: VICE PRESIDENT ADDRESS: 475 N. MARTINGALE RD. SUITE 330 CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173-2275	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH FARRELL TITLE: TREASURER ADDRESS: 15 INDEPENDENCE BLVD. CITY/ST/ZIP/CO: WARREN, NJ 07059	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAMELA D. BLACK TITLE: ASST SECRETARY ADDRESS: 15 INDEPENDENCE BLVD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ PAMELA D. BLACK</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PAMELA D. BLACK, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/2/2014</u> DATE
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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.