

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 810577 (7)
1. Corporation Name
NATIONWIDE LIFE INSURANCE COMPANY



Principal Place of Business: ONE NATIONWIDE PLAZA COLUMBUS OH 43215
Mailing Address: ONE NATIONWIDE PLAZA COLUMBUS OH 43215

3. Date incorporated or Qualified: 11/12/1955
3a. Date of Last Report: 05/01/1995
4. FEI Number: 31-4156830
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MCFERSON, D. RICHARD ONE NATIONWIDE PLAZA COLUMBUS OH	<input type="checkbox"/> DELETE	1. TITLE C MCFERSON, D. RICHARD ONE NATIONWIDE PLAZA COLUMBUS, OH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD FRENZER, PETER F. ONE NATIONWIDE PLAZA COLUMBUS OH	<input type="checkbox"/> DELETE	2. TITLE P GASPER, JOSEPH J. ONE NATIONWIDE PLAZA COLUMBUS, OH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VS MCCUTCHAN, GORDON E. ONE NATIONWIDE PLAZA COLUMBUS OH	<input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V GALLOWAY, HARVEY S JR. ONE NATIONWIDE PLAZA COLUMBUS OH	<input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VT FOLK, MARK A. ONE NATIONWIDE PLAZA COLUMBUS OH	<input type="checkbox"/> DELETE	5. TITLE V DIAMOND, DAVID A. ONE NATIONWIDE PLAZA COLUMBUS, OH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FUELLGRAF, CHARLES L, JR ONE NATIONWIDE PLAZA COLUMBUS OH	<input type="checkbox"/> DELETE	6. TITLE V BROCK, JAMES E. ONE NATIONWIDE PLAZA COLUMBUS, OH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: David A. Diamond 4/23/96 (614) 249-4462

CR2E034 (12/95)