

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 JUN 30 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	11/12/1955	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		31-4156830	Not Applicable
Zip		Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	25	29	30	<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFERSON, D. RICHARD	1.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	1.3 STREET ADDRESS	400002230644--9
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	-07/03/97--01131--001
TITLE	P	2.1 TITLE	****165.00 ****165.00
NAME	GASPER, JOSEPH J.	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE NATIONWIDE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUTCHAN, GORDON E.	3.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, HARVEY S JR.	4.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAMOND, DAVID A	5.2 NAME	Thresher, Mark R.
STREET ADDRESS	ONE NATIONWIDE PLAZA	5.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	COLUMBUS OH	5.4 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JAMES E.	6.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, or on an attachment with an address.

SIGNATURE: *Mark R. Thresher* 3/17/97 616 240 6050

CR2E034 (9/96)