

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 810577
1. Corporation Name

Nationwide Life Insurance Company

93 JUN 21 11:10:15
TALLAHASSEE, FLORIDA

Principal Place of Business: **One Nationwide Plaza Columbus, Ohio 43216**
Mailing Address: **One Nationwide Plaza Columbus, Ohio 43216**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 1/10/1931	
21		26		4. FEI Number 31-4156830	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	25	29	30		
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Florida Insurance Commissioner Capital Building Tallahassee, Florida				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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chief Executive Officer <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mc, Ferson, Dimon R.	1.2 NAME	
STREET ADDRESS	One Nationwide Plaza	1.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, Ohio 43216	1.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gasper, Joseph J.	2.2 NAME	
STREET ADDRESS	One Nationwide Plaza	2.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, Ohio 43216	2.4 CITY-ST-ZIP	
TITLE	Vice President / Actuary <input checked="" type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Galloway, Harvey Scott	3.2 NAME	Gath, Philip C.
STREET ADDRESS	One Nationwide Plaza	3.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	Columbus, Ohio 43216	3.4 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	Vice President & Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ollick, Dennis W.	4.2 NAME	
STREET ADDRESS	One Nationwide Plaza	4.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, Ohio 43216	4.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thresher, Mark R.	5.2 NAME	
STREET ADDRESS	One Nationwide Plaza	5.3 STREET ADDRESS	
CITY-ST-ZIP	Columbus, Ohio 43216	5.4 CITY-ST-ZIP	
TITLE	Columbus, Ohio 43216 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *David Jacoby* **David Jacoby** 6/11/99 1-800-882-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

5/13/99 90041 012

TS