


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90011 018 ***150.00

DOCUMENT # 810577					
1. Entity Name NATIONWIDE LIFE INSURANCE COMPANY					
Principal Place of Business ONE NATIONWIDE PLAZA ATTN: ROGER CRAIG 1-35-16 COLUMBUS, OH 43215-2220			Mailing Address ONE NATIONWIDE PLAZA ATTN: ROGER CRAIG 1-35-16 COLUMBUS, OH 43215-2220		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-4156830	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JURGENSEN, W G ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ROSHOLT, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP-CF&IO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT NOCCO, BRIAN W ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP-T HARRY H. HALLOWELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ONE NATIONWIDE PLAZA COLUMBUS, OH 43215		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THRESHER, MARK R ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P&COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCG BARNES, THOMAS E ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC&S <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP-CG&AS GLENN W. SODEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ONE NATIONWIDE PLAZA COLUMBUS, OH 43215		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.					
SIGNATURE: GLENN W. SODEN <i>Glenn W. Soden</i>			Date: JAN 27 2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		