


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 036 ***150.00

DOCUMENT # 844658					
1. Entity Name NATIONWIDE ASSURANCE COMPANY					
Principal Place of Business ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 US		Mailing Address ONE NATIONWIDE PLAZA ROGER CRAIG, 1-35-16 COLUMBUS, OH 43216 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-0639970	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RASMUSSEN, STEPHEN S	NAME			
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 432152220	CITY-ST-ZIP			
TITLE	AVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOVE, CAROL L	NAME			
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 43215	CITY-ST-ZIP			
TITLE	EV <input type="checkbox"/> Delete	TITLE	EV-GC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HATLER, PATRICIA R	NAME			
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 43215	CITY-ST-ZIP			
TITLE	AVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SODEN, GLENN W	NAME			
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 432152220	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, KELLY A	NAME			
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 432152220	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINETTE, DOUGLAS C	NAME			
STREET ADDRESS	ONE NATIONWIDE PLAZA	STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 432152220	CITY-ST-ZIP			
12. 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 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, with all other like empowered.					
SIGNATURE: <i>Glenn W. Soden</i>		GLENN W. SODEN AVP-SEC		3-9-2005 614.249.7111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	