

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON DR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$750.)**

**FILED**

**Sep 19 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State

**DOCUMENT # 855176 (4)**  
 1. Corporation Name  
**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY**



Principal Place of Business  
**ONE NATIONWIDE PLAZA COLUMBUS OH 43215**

Mailing Address  
**ONE NATIONWIDE PLAZA COLUMBUS OH 43215**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1982		05/01/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		31-1000740		Not Applicable	
24 Country		29 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE STATE INSURANCE COMMISSIONER          THE CAPITOL BLDG          TALLAHASSEE FL 32301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 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	VS MCCUTCHAN, G.E. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE NATIONWIDE PLAZA	1.2 NAME	
STREET ADDRESS	COLUMBUS OH	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P GASPER, JOSEPH J. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE NATIONWIDE PLAZA	2.2 NAME	
STREET ADDRESS	COLUMBUS OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	C MCFERSON, D. RICHARD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE NATIONWIDE PLAZA	3.2 NAME	
STREET ADDRESS	COLUMBUS OH 43215	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V GALLOWAY, M HARVEY S. JR. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE NATIONWIDE PLAZA	4.2 NAME	
STREET ADDRESS	COLUMBUS OH 43215	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V DIAMOND, DAVID A. <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President & Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE NATIONWIDE PLAZA	5.2 NAME	Mark R. Thresher
STREET ADDRESS	COLUMBUS OH	5.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Columbus, Ohio 43215
TITLE	V BROCK, JAMES E. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE NATIONWIDE PLAZA	6.2 NAME	
STREET ADDRESS	COLUMBUS OH	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: *Mark R. Thresher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0113184

CR2E034 (4/97)