

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 MAY -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 855176
1. Corporation Name

**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
(FORMERLY FINANCIAL HORIZONS LIFE INSURANCE COMPANY)**

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 2/9/1981	3a. Date of Last Report 5/1/95
4. FEI Number 31-1000740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. ONE NATIONWIDE PLAZA Suite, Apt. #, etc. 22. COLUMBUS, OH City & State 23. 43215 Zip 24. USA Country	28. Mailing Address 26. ONE NATIONWIDE PLAZA Suite, Apt. #, etc. 27. COLUMBUS, OH City & State 29. 43215 Zip 30. USA Country
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9. Name and Address of Current Registered Agent THE STATE INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE, FL 32301	10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.0504 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
VS <input type="checkbox"/> DELETE	MCCUTCHAN, G.E. ONE NATIONWIDE PLAZA COLUMBUS, OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD <input type="checkbox"/> DELETE	FRENZER, PETER F. ONE NATIONWIDE PLAZA COLUMBUS, OH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P GASPER, JOSEPH J. ONE NATIONWIDE PLAZA COLUMBUS, OH
D <input type="checkbox"/> DELETE	MCFERSON, D. RICHARD ONE NATIONWIDE PLAZA COLUMBUS, OH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	C MCFERSON, D. RICHARD ONE NATIONWIDE PLAZA COLUMBUS, OH
V <input type="checkbox"/> DELETE	GALLOWAY, HARVEY S. JR. ONE NATIONWIDE PLAZA COLUMBUS, OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400001842484 -05/29/96--01045--009 ***200.00
VT <input type="checkbox"/> DELETE	FOLK, MARK A. ONE NATIONWIDE PLAZA COLUMBUS, OH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V DIAMOND, DAVID A. ONE NATIONWIDE PLAZA COLUMBUS, OH
D <input type="checkbox"/> DELETE	FUELLGRAF, C. L. JR ONE NATIONWIDE PLAZA COLUMBUS, OH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V BROCK, JAMES E. ONE NATIONWIDE PLAZA COLUMBUS, OH

14. I do hereby certify that the information contained in this filing is voluntarily furnished and correct and true for the description stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information contained on this form is not for a governmental or official report, 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 resident 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 of this report, or on the attached document with my address.

SIGNATURE: *David A. Diamond* **David A. Diamond 4/23/96 (614) 249-4462**

CFR034 (1/2/95)