

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 # 855176
1. Corporation Name
Nationwide Life and Annuity Insurance Co.

99 JUN 21 11:09:21
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
One Nationwide Plaza Columbus, Ohio 43216 **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		4. FEI Number		Applied For	
21		26		5/6/81		31-1000740		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22		27		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State		City & State		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip Code			

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 _____ (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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McFerson, Dimon R.	12 NAME	
STREET ADDRESS	One Nationwide Plaza	13 STREET ADDRESS	
CITY-ST-ZIP	Columbus, Ohio 43216	14 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaspar, Joseph J.	22 NAME	
STREET ADDRESS	One Nationwide Plaza	23 STREET ADDRESS	
CITY-ST-ZIP	Columbus, Ohio 43216	24 CITY-ST-ZIP	
TITLE	Vice President/Actuary <input checked="" type="checkbox"/> DELETE	31 TITLE	Vice President/Actuary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Galloway, Harvey Scott	32 NAME	Gath, Philip C.
STREET ADDRESS	One Nationwide Plaza	33 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	Columbus, Ohio 43216	34 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	Vice President & Secretary <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Click, Denis W.	42 NAME	
STREET ADDRESS	One Nationwide Plaza	43 STREET ADDRESS	
CITY-ST-ZIP	Columbus, Ohio 43216	44 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thresher, Mark R.	52 NAME	
STREET ADDRESS	One Nationwide Plaza	53 STREET ADDRESS	
CITY-ST-ZIP	Columbus, Ohio 43216	54 CITY-ST-ZIP	
TITLE	Columbus, Ohio 43216 <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 (1/198)

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