


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06971**  
 1. Entity Name  
**NATIONWIDE INSURANCE COMPANY OF AMERICA**



Principal Place of Business 1100 LOCUST STREET DES MOINES, IA 50391-1100 US	Mailing Address 1100 LOCUST STREET DES MOINES, IA 50391-1100 US
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**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2130882	Applied For Not Applicable
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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HOLLINGSWORTH, DAVID ONE NATIONWIDE PLAZA COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALER, KURT A 1100 LOCUST STREET DES MOINES, IA 503911100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS PARSONS, ROBERT M 1100 LOCUST STREET DES MOINES, IA 50391
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CROSSER, WENDELL P 1100 LOCUST STREET DES MOINES, IA 503911100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RASMUSSEN, STEPHEN S ONE NATIONWIDE PLAZA COLUMBUS, OH 43215

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 04/25/05-80048-005 150.00

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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: Robert M. Parsons Date: 4/14/05 Daytime Phone #: 515-508-4445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR