

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06971

FILED
Apr 07, 2011
Secretary of State

Entity Name: NATIONWIDE INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 50391

New Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 503911100

Current Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 50391

New Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 503911100

FEI Number: 95-2130882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: EVPC
Name: HATLER, PATRICIA R
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: SVP
Name: BIESECKER, PAMELA A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: PD
Name: AUSTEN, W. KIM
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: SEC
Name: HALL, CARRIE A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: DIR
Name: BERVEN, MARK A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: DIR
Name: HILSHEIMER, LAWRENCE A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE MEYER

POA

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date