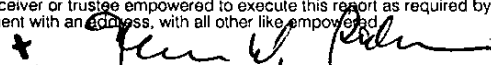


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 004 ***150.00

DOCUMENT # 809227 1. Entity Name NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA					
Principal Place of Business 1000 CHESTERBROOK, BLVD. BERWYN, PA 19312-1181 US			Mailing Address ONE NATIONWIDE PLZ. ATTN: ROGER CRAIG 1-35-16 COLUMBUS, OH 43215-2220 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-0990450	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AVAS	☐ Delete	TITLE	AVP/AS	☒ Change ☐ Addition
NAME	SODEN, GLENN W		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
TITLE	SVR	☐ Delete	TITLE	VC	☒ Change ☐ Addition
NAME	THRESHER, MARK R		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
TITLE	EVD	☐ Delete	TITLE	EVP/D/CIO	☒ Change ☐ Addition
NAME	ROSHOLT, ROBERT A		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	MCMAHAN, GARY D		NAME	PETER A. GOLATO	
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	BERWYN, PA 193121181		CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	SVR	☐ Delete	TITLE	SVP/T	☒ Change ☐ Addition
NAME	BENSON, JAMES D		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BERWYN, PA 193121181		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	VPS	☐ Change ☒ Addition
NAME	MULLEN, CHRISTINE		NAME	THOMAS E. BARNES	
STREET ADDRESS	1000 CHESTARBROOK BLVD		STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	STATEN ISLAND, NY 103121181		CITY-ST-ZIP	COLUMBUS, OH 43215	
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:  GLENN W. SODEN AVP-AST SEC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-1-2005 (614)249-7111 Daytime Phone #		