2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

40051098

01042005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1000 CHESTERBROOK, BLVD. BERWYN, PA 19312-1181 US	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
Zip / Country	Zip / Country

4. FEI Number 23-0990450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

7. Name and Address of New Registered Agent

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) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AVAS SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP/AS	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SVAT~~ THRESHER, MARK R ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVD ROSHOLT, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP/D/CIO	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCMAHAN, GARY D 1000 CHESTERBROOK BLVD BERWYN, PA 193121181	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETER A. GOLATO ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SVPF~~ BENSON, JAMES D 1000 CHESTERBROOK BLVD. BERWYN, PA 193121181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MULLEN, CHRISTINE 1000 CHESTARBROOK BLVD STATEN ISLAND, NY 103121181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS THOMAS E. BARNES ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	☐ Change X Addition

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 GLENN W. SODEN AVP-AST SEC 4-1-2005 (614)249-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #