

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90064 027 \*\*\*150.00

**DOCUMENT # 809227**

1. Entity Name  
**NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA**



Principal Place of Business  
**1050 WESTLAKES DRIVE  
BERWYN PA 19312-2419  
US**

Mailing Address  
**PO BOX 1717  
VALLEY FORGE PA 19482-1717  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1000 Chesterbrook Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Berwyn, PA**

City & State

4. FEI Number **23-0990450**

Applied For

Not Applicable

Zip  
**19312-1181**

Country

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

**THE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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	<b>V SPRINGER, LINDA 1000 CHESTARBROOK BLVD BERWYN PA 19312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPCA HINKLE, ALAN FURNESS 1000 CHESTARBROOK BLVD BERWYN PA 19312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, DOROTHY 1000 CHESTARBROOK BLVD BERWYN PA 19312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO KLOSS, ROBERT WILLIAM 1000 CHESTARBROOK BLVD BERWYN PA 19312</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT GATTA, ROSANNA 1000 CHESTARBROOK BLVD BERWYN PA 19312</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO FINELLI, MARY L 1000 CHESTARBROOK BLVD BERWYN PA 19312</b> <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Gary D. McMahan 1000 Chesterbrook Blvd. Berwyn, PA 19312-1181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President, Finance James D. Benson 1000 Chesterbrook Blvd. Berwyn, PA 19312-1181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President Scott V. Carney 1000 Chesterbrook Blvd. Berwyn, PA 19312-1181</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Christine Mullen 1000 Chesterbrook Blvd. Berwyn, PA 10312-1181</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Senior Vice President, Finance 02/27/03 610-407-1961**

Date

Daytime Phone #

CR2E034 (10/02)