

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810577

**FILED**  
**Aug 24, 2023**  
**Secretary of State**  
**3116476535CC**

**Entity Name:** NATIONWIDE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

ONE WEST NATIONWIDE BOULEVARD  
COLUMBUS, OH 43215

**Current Mailing Address:**

ONE WEST NATIONWIDE BOULEVARD  
COLUMBUS, OH 43215 US

**FEI Number:** 31-4156830

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name WALKER, KIRT A.  
Address ONE WEST NATIONWIDE BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title TREASURER  
Name LAPAUL, DAVID  
Address ONE WEST NATIONWIDE BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR, PRESIDENT  
Name CARTER, JOHN L.  
Address ONE WEST NATIONWIDE BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name FROMMEYER, TIMOTHY G.  
Address ONE WEST NATIONWIDE BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name HENDERSON, ERIC S.  
Address ONE WEST NATIONWIDE BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name SNYDER, HOLLY R.  
Address ONE WEST NATIONWIDE BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name GINNAN, STEVEN A.  
Address ONE WEST NATIONWIDE BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title SECRETARY  
Name SKINGLE, DENISE L.  
Address ONE WEST NATIONWIDE BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

*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:** DENISE L. SKINGLE

**SECRETARY**

**08/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date