## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 810577** 

**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:

Name

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Jul 07, 2017

**Secretary of State** 

CC8913421812

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHIEF Title VICE PRESIDENT, SECRETARY

> OPERATING OFFICER HORNER, ROBERT W. III Name WALKER, KIRT A.

ONE WEST NATIONWIDE Address ONE WEST NATIONWIDE Address

**BOULEVARD** 

**BOULEVARD** City-State-Zip:

COLUMBUS OH 43215 City-State-Zip: COLUMBUS OH 43215

Title **DIRECTOR** Title SENIOR VICE PRESIDENT.

Name CARTER, JOHN L. TREASURER

LAPAUL, DAVID ONE WEST NATIONWIDE Name Address

**BOULEVARD** ONE WEST NATIONWIDE Address

COLUMBUS OH 43215 City-State-Zip: **BOULEVARD** 

City-State-Zip: COLUMBUS OH 43215

Title **DIRECTOR** 

Title **DIRECTOR** Name HENDERSON, ERIC S.

Name FROMMEYER, TIMOTHY G. Address ONE WEST NATIONWIDE

**BOULEVARD** Address ONE WEST NATIONWIDE

City-State-Zip: COLUMBUS OH 43215 **BOULEVARD** 

Title **DIRECTOR** 

THRESHER, MARK R. Title **DIRECTOR** Name

Name RASMUSSEN, STEPHEN S. Address ONE WEST NATIONWIDE

**BOULEVARD** ONE WEST NATIONWIDE Address

City-State-Zip: COLUMBUS OH 43215 **BOULEVARD** 

City-State-Zip: COLUMBUS OH 43215

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.

07/07/2017 SIGNATURE: ROBERT W. HORNER, III SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date