

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855176

FILED
Apr 27, 2018
Secretary of State
CC5716488231

Entity Name: NATIONWIDE LIFE AND ANNUITY 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: 31-1000740

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, PRESIDENT, CHIEF OPERATING OFFICER
Name WALKER, KIRT A.
Address ONE WEST NATIONWIDE BOULEVARD
City-State-Zip: COLUMBUS OH 43215

Title VICE PRESIDENT, SECRETARY
Name HORNER, ROBERT W. III
Address ONE WEST NATIONWIDE BOULEVARD
City-State-Zip: COLUMBUS OH 43215

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

Title DIRECTOR
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 RASMUSSEN, STEPHEN S.
Address ONE WEST NATIONWIDE BOULEVARD
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name THRESHER, MARK R.
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: ROBERT W. HORNER, III

SECRETARY

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date