

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 855176

**Entity Name:** NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

**Current Principal Place of Business:**

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

**Current Mailing Address:**

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

Title SENIOR VICE PRESIDENT  
Name HALLOWELL, HARRY H.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

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

Title SENIOR VICE PRESIDENT  
Name HILL, TERRI L.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

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

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

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

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

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*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**

**04/28/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name THRESHER, MARK R.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title SENIOR VICE PRESIDENT  
Name BIESECKER, PAMELA A.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215