#### **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 855176** 

Entity Name: NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

FILED Aug 24, 2023 Secretary of State 6940411324CC

# **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
 Title
 TREASURER

 Name
 WALKER, KIRT A.
 Name
 LAPAUL, DAVID

Address ONE WEST NATIONWIDE Address ONE WEST NATIONWIDE

BOULEVARD BOULEVARD

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

Title DIRECTOR, PRESIDENT Title DIRECTOR

Name CARTER, JOHN L. Name FROMMEYER, TIMOTHY G.

Address ONE WEST NATIONWIDE Address ONE WEST NATIONWIDE

BOULEVARD BOULEVARD

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

Title DIRECTOR Title DIRECTOR

Name HENDERSON, ERIC S. Name GINNAN, STEVEN A.

Address ONE WEST NATIONWIDE Address ONE WEST NATIONWIDE

BOULEVARD BOULEVARD

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

Title SECRETARY Title DIRECTOR

Name SKINGLE, DENISE L. Name SNYDER, HOLLY R.

Address ONE WEST NATIONWIDE Address ONE WEST NATIONWIDE

BOULEVARD BOULEVARD

City-State-Zip: COLUMBUS OH 43215 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