

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06971

FILED
Apr 12, 2013
Secretary of State
CC6978576559

Entity Name: NATIONWIDE INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 50391-1100

Current Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 50391-1100 US

FEI Number: 95-2130882

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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 PRESIDENT, DIRECTOR
Name AUSTEN, W. KIM
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

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

Title TREASURER
Name CROSSER, WENDELL P.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

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

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

Title DIRECTOR
Name LEX, MICHAEL A.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name PIZZI, MARK A.
Address ONE NATIONWIDE PLAZA
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

VP/SECRETARY

04/12/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date