### **2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06971

Entity Name: NATIONWIDE INSURANCE COMPANY OF AMERICA

**FILED** Apr 30, 2021 **Secretary of State** 8228271610CC

# **Current Principal Place of Business:**

1100 LOCUST STREET DES MOINES. IA 50391

# **Current Mailing Address:**

1100 LOCUST STREET DES MOINES. IA 50391 US

FEI Number: 95-2130882 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

DES MOINES IA 50391

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: CHEIF FINANCIAL OFFICE 04/30/2021

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title DIRECTOR, PRESIDENT, CHIEF Title DIRECTOR

OPERATING OFFICER Name DOUGLAS, GARY A. Name BERVEN, MARK A. 1100 LOCUST STREET Address 1100 LOCUST STREET Address DES MOINES IA 50391

City-State-Zip: City-State-Zip: DES MOINES IA 50391

Title DIRECTOR Title **DIRECTOR** 

Name RICZKO, ELIZABETH M. SMITH, ERIC E. Name Address 1100 LOCUST STREET 1100 LOCUST STREET Address

DES MOINES IA 50391 City-State-Zip: City-State-Zip: DES MOINES IA 50391

Title **SECRETARY** 

Title **TREASURER** Name SKINGLE, DENISE L. Name KITTO, ELIZABETH Address 1100 LOCUST STREET Address 1100 LOCUST STREET

City-State-Zip: DES MOINES IA 50391

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.

04/30/2021 SIGNATURE: DENISE L. SKINGLE SECRETARY