


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90016 048 ***150.00

DOCUMENT # 809227 1. Entity Name NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA					
Principal Place of Business 1000 CHESTERBROOK, BLVD. BERWYN, PA 19312-1181 US			Mailing Address PO BOX 1117 VALLEY FORGE, PA 19482-1717 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address One Nationwide Plz. Suite, Apt. #, etc. 1-35-16 Attn: Roger Craig			
City & State		City & State Columbus, OH		4. FEI Number 23-0990450	
Zip 43215-2220		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRINGER, LINDA 1000 CHESTARBROOK BLVD BERWYN, PA 19312 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP/AS Soden, Glenn W. One Nationwide Plaza Columbus, OH 43215-2220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCA HINKLE, ALAN FURNESS 1000 CHESTARBROOK BLVD BERWYN, PA 19312 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/AT Thresher, Mark R. One Nationwide Plaza Columbus, OH 43215-2220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DOROTHY 1000 CHESTARBROOK BLVD BERWYN, PA 19312 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D Rosholt, Robert A. One Nationwide Plaza Columbus, OH 43215-2220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMAHAN, GARY D 1000 CHESTARBROOK BLVD BERWYN, PA 193121181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 1000 Chesterbrook Blvd. Berwyn, PA 19312-1181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF BENSON, JAMES D 1000 CHESTARBROOK BLVD. BERWYN, PA 193121181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLEN, CHRISTINE 1000 CHESTARBROOK BLVD STATEN ISLAND, NY 103121181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Chesterbrook Blvd Berwyn, PA 19312-1181	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment to an address, with another like empowered.					
SIGNATURE: Glenn W. Soden, Assoc. VP & Asst. Secretary 2-6-04; 614.249.7111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					