


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-11-2004 90016 049 \*\*\*150.00

**DOCUMENT # 818935**

1. Entity Name  
**NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA**



Principal Place of Business  
**300 CONTINENTAL DR  
 NEWARK, DE 19713-4399 US**

Mailing Address  
**P O BOX 15750  
 WILMINGTON, DE 19850-5760 US**

**44010252**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**Roger Craig, C1-35-16-35-15**

3. Mailing Address  
**One Nationwide Plaza**  
 Suite, Apt. #, etc.  
**Columbus, Ohio**

City & State  
**Columbus, Ohio**

Zip Country  
**43215-2220 U.S.A.**

01152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**23-1619082** Applied For  Not Applicable

5. Certificate of Status Desired  **\$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.  **\$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	<b>P</b> <b>MCMAHAN, GARY D</b> <b>1000 CHESTERBROOK BLVD</b> <b>BERWYN, PA 19312</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>CARNEY, SCOTT V</b> <b>1000 CHESTERBROOKE RD</b> <b>BERWYN, PA 19312</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPF</b> <b>BENSON, JAMES</b> <b>1000 CHESTERBROOK BLVD</b> <b>BERWYN, PA 193122419</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MULLEN, CHRISTINE</b> <b>1000 CHESTERBROOK BLVD</b> <b>BERWYN, PA 19312</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/CIO/D</b> <b>Rosholt, Robert A.</b> <b>One Nationwide Plaza</b> <b>Columbus, Ohio 43215-2220</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>Hill, Terri L.</b> <b>One Nationwide Plaza</b> <b>Columbus, Ohio 43215-2220</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 with an address, with all other like empowered.

**SIGNATURE:** Glenn W. Soden **2-6-04** **(614) 249-7111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Glenn W. Soden, Associate Vice President & Assistant Secretary**