
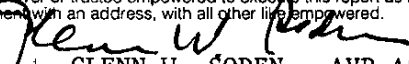


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 038 ***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 ONE NATIONWIDE PLAZA ROGER CRAIG, 1-35-16 COLUMBUS, OH 43215-2220 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 23-1619082				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCAHAN, GARY D		NAME	PETER A. GOLATO	
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	BERWYN, PA 19312		CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THRESHER, MARK R		NAME	DENISE M. SORTINO	
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	SVST	<input type="checkbox"/> Delete	TITLE	SVP / T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, JAMES		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BERWYN, PA 193122419		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLEN, CHRISTINE		NAME	THOMAS E. BARNES	
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	BERWYN, PA 19312		CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	CIOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSHOLT, ROBERT A		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, TERRI L		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
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 life empowered.					
SIGNATURE: 		GLENN W. SODEN		AVP-AST SEC	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		3-9-2005		614.249.7111	