

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818935

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: NATIONWIDE LIFE AND ANNUITY COMPANY OF AMERICA

## Current Principal Place of Business:

300 CONTINENTAL DR  
NEWARK, DE 197134399 US

## New Principal Place of Business:

1000 CHESTERBROOK BLVD.  
BERWYN, PA 19312 US

## Current Mailing Address:

ONE NATIONWIDE PLAZA  
JOHN JACKSON, 1-35-19  
COLUMBUS, OH 432152220 US

## New Mailing Address:

FEI Number: 23-1619082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOLATO, PETER A  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215

Title: VATS ( ) Delete  
Name: BARNES, THOMAS E  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215

Title: AVAS ( ) Delete  
Name: SODEN, GLENN W  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215

Title: EVP ( ) Delete  
Name: ROSHOLT, ROBERT A  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 432152220

Title: EVP ( ) Delete  
Name: HILL, TERRI L  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 432152220

Title: AVPS ( ) Delete  
Name: MCGOLDRICK, JOANNE  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPAS (X) Change ( ) Addition  
Name: BARNES, THOMAS E  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNE MEYER

POA

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date