

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90064 028 ***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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

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

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL. FL**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P ROBERT WILLIAM KLOSS <input type="checkbox"/> Delete 1000 CHESTERBROOK BLVD BERWYN PA 19312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gary D. McMahan
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRINGER, LINDA <input type="checkbox"/> Delete 1000 CHESTERBROOKE RD. BERWYN PA 19312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Scott V. Carney
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GATTA, ROSANNE <input type="checkbox"/> Delete 1000 CHESTERBROOK BLVD BERWYN PA 19312-2419	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP, Finance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James D. Benson
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA ALAN FURNESS HINKLE <input checked="" type="checkbox"/> Delete 1000 CHESTERBROOK BLVD BERWYN PA 19312-2419	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, SARAH COXE <input checked="" type="checkbox"/> Delete 1000 CHESTERBROOK BLVD BERWYN PA 19312-2419	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF FINELLI, MARY LYNN <input type="checkbox"/> Delete 1000 CHESTERBROOK BLVD BERWYN PA 19312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Christine Mullen

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: *[Signature]* **Senior Vice President, Finance** 02/27/2003 610-407-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)