

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06971

Entity Name: NATIONWIDE INSURANCE COMPANY OF AMERICA**Current Principal Place of Business:**1100 LOCUST STREET
DES MOINES, IA 50391-1100**Current Mailing Address:**1100 LOCUST STREET
DES MOINES, IA 50391-1100 US**FEI Number:** 95-2130882**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title PRESIDENT, COO, DIRECTOR
Name BERVEN, MARK A.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title SECRETARY, VP
Name HORNER, III, ROBERT W.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title VP, TREASURER
Name CROSSER, WENDELL P.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title SVP
Name BIESECKER, PAMELA A.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name CLARK, THOMAS E.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name LEACH, MICHAEL P.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name ROMMEL, JEFF M.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name SMITH, ERIC E.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W. HORNER, III**SECRETARY****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date