

1.) CORPORATION NAME:

NATIONWIDE INSURANCE COMPANY OF AMERICA

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1360215**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 Locust Street

CITY/ST/ZIP: Des Moines, IA 50391-1100

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	W. Kim Austen	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Robert Horner III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Wendell P. Crosser	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Pamela A. Biesecker	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Mark A. Berven	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Lawrence Hilsheimer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		

NAME: Michael A. Lex TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Mark A. Pizzi TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Robert Horner III	Robert Horner III, SECRETARY	10/12/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.