



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85627		2. Name of Corporation NATIONWIDE INVESTMENT SERVICES CORPORATION			
3. Street Address Principal Business Office One Nationwide Plaza			City Columbus	State OH	Zip 43215-2220
4. Business Phone No. (614) 249-2572		5. State of Incorporation OKLAHOMA			6. SIC Code 6064
7. Brief Description of the Character of Business Conducted in Rhode Island BROKER/DEALER					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rhodes B. Baker			Vice President Name William G. Goslee, Jr.		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State OH	Zip 43215-2220	City Columbus	State OH	Zip 43215-2220
Secretary Name Thomas E. Barnes			Treasurer Name M. Eileen Kennedy		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State OH	Zip 43215-2220	City Columbus	State OH	Zip 43215-2220
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rhodes B. Baker			Director Name M. Eileen Kennedy		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State OH	Zip 43215-2220	City Columbus	State OH	Zip 43215-2220
Director Name Mark D. Phelan			Director Name		
Street Address One Nationwide Plaza			Street Address		
City Columbus	State OH	Zip 43215-2220	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	\$1.00 PAR VALUE		5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



85627

File Date 2-17-05
Check No. 441
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 02/11/05
Signature of Officer Date
Gary Berndt
Print or Type Name of Officer
Assistant Treasurer
Title of Officer

Nationwide Investment Services Corporation

2005

Officers

Mark D. Pheelan	Chairman of the Board	One Nationwide Plaza, Col., Oh. 43215
Rhodes B Baker	President	One Nationwide Plaza, Col., Oh. 43215
William G. Goslee, Jr.	Senior VP	One Nationwide Plaza, Col., Oh. 43215
M. Eileen Kennedy	Senior VP & Treasurer	One Nationwide Plaza, Col., Oh. 43215
Trey Rouse	Vice President	One Nationwide Plaza, Col., Oh. 43215
Barbara J. Shane	VP-Compliance Officer	One Nationwide Plaza, Col., Oh. 43215
Glenn W. Soden	Associate VP and Assistant Secretary	One Nationwide Plaza, Col., Oh. 43215
Thomas E. Barnes	VP and Secretary	One Nationwide Plaza, Col., Oh. 43215
E. Gary Berndt	Assistant Treasurer	One Nationwide Plaza, Col., Oh. 43215

Directors

M. Eileen Kennedy	One Nationwide Plaza, Col., Oh. 43215
Rhodes B. Baker	One Nationwide Plaza, Col., Oh. 43215
Mark D. Pheelan	One Nationwide Plaza, Col., Oh. 43215



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

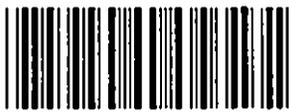
Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85627		2. Name of Corporation NATIONWIDE INVESTMENT SERVICES CORPORATION			
3. Street Address Principal Business Office One Nationwide Plaza			City Columbus	State Ohio	Zip 43215-2220
4. Business Phone No. (614) 249-2572		5. State of Incorporation OKLAHOMA			6. SIC Code 6064
7. Brief Description of the Character of Business Conducted in Rhode Island BROKER/DEALER					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John M. Davis			Vice President Name William G. Goslee		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
Secretary Name Thomas E. Barnes			Treasurer Name Mark R. Thresher		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph J. Gasper			Director Name Richard A. Karas		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
Director Name Mark R. Thresher			Director Name		
Street Address One Nationwide Plaza			Street Address		
City Columbus	State Ohio	Zip 43215-2220	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	\$1.00 PAR VALUE		5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 2 7 *

File Date 2/23/04
Check No. 9460037447
By: SC
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Gary Berndt 02/19/04
Signature of Officer Date
Gary Berndt-Assistant Treasurer
Print or Type Name of Officer
Title of Officer

Officers

Joseph J. Gasper	Chairman of the Board	One Nationwide Plaza, Col., Oh. 43215
Richard A. Karas	Vice Chairman	One Nationwide Plaza, Col., Oh. 43215
John M. Davis	President	One Nationwide Plaza, Col., Oh. 43215
William G. Goslee	Senior VP	One Nationwide Plaza, Col., Oh. 43215
Mark R. Thresher	Senior VP & Treasurer	One Nationwide Plaza, Col., Oh. 43215
Kevin S. Crosselt	Vice President	One Nationwide Plaza, Col., Oh. 43215
Trey Rouse	Vice President	One Nationwide Plaza, Col., Oh. 43215
Peter R. Salvator	Vice President	One Nationwide Plaza, Col., Oh. 43215
Barbara J. Shane	VP-Compliance Officer	One Nationwide Plaza, Col., Oh. 43215
Karen R. Tackett	Vice President	One Nationwide Plaza, Col., Oh. 43215
Alan A. Todryk	Vice President-Taxation	One Nationwide Plaza, Col., Oh. 43215
Glenn W. Soden	Associate VP and Assistant Secretary	One Nationwide Plaza, Col., Oh. 43215
Thomas E. Barnes	VP and Secretary	One Nationwide Plaza, Col., Oh. 43215
Carol L. Dove	Associate VP-Treasury Services and Assistant Treasurer	One Nationwide Plaza, Col., Oh. 43215
Dina A. Tantra	Assistant Secretary	One Nationwide Plaza, Col., Oh. 43215
Mark D. Maxwell	Assistant Secretary	One Nationwide Plaza, Col., Oh. 43215
Gary Berndt	Assistant Treasurer	One Nationwide Plaza, Col., Oh. 43215

Directors

Joseph J. Gasper	One Nationwide Plaza, Col., Oh. 43215
Richard A. Karas	One Nationwide Plaza, Col., Oh. 43215
Mark R. Thresher	One Nationwide Plaza, Col., Oh. 43215

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **85627** 2. Name of Corporation **NATIONWIDE INVESTMENT SERVICES CORPORATION**
3. Street Address Principal Business Office **One Nationwide Plaza** City **Columbus** State **Ohio** Zip **43215-2220**
4. Business Phone No. **(614)249-2572** 5. State of Incorporation **OKLAHOMA** 6. SIC Code **6064**
7. Brief Description of the Character of Business Conducted in Rhode Island
Broker/Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Duane C. Meek Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220	Vice President Name Mark R. Thresher Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220
Secretary Name Glenn W. Soden Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220	Treasurer Name Mark R. Thresher Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joseph J. Gasper Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220	Director Name Richard A. Karas Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220
Director Name Mark R. Thresher Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10,000	\$1.00 PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 2 7 *

File Date: **FILED**

Check No.: **FEB 27 2003**

By: **BY GAN 9460033977**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Gary Berndt 02/19/03
Signature of Officer Date

Gary Berndt
Print or Type Name of Officer
Assistant Treasurer
Title of Officer

Nationwide Investment Services Corporation

Officers

Joseph J. Gasper	Chairman of the Board	One Nationwide Plaza, Col., Oh. 43215
Richard A. Karas	Vice Chairman	One Nationwide Plaza, Col., Oh. 43215
Duane C. Meek	President	One Nationwide Plaza, Col., Oh. 43215
Robert A. Oakley	Exec VP-Chief Financial Officer	One Nationwide Plaza, Col., Oh. 43215
William G. Goslee	Senior VP	One Nationwide Plaza, Col., Oh. 43215
Mark R. Thresher	Senior VP & Treasurer	One Nationwide Plaza, Col., Oh. 43215
Kevin S. Crosssett	Vice President	One Nationwide Plaza, Col., Oh. 43215
Trey Rouse	Vice President	One Nationwide Plaza, Col., Oh. 43215
Peter R. Salvator	Vice President	One Nationwide Plaza, Col., Oh. 43215
Barbara J. Shane	VP-Compliance Officer	One Nationwide Plaza, Col., Oh. 43215
Karen R. Tackett	Vice President	One Nationwide Plaza, Col., Oh. 43215
Alan A. Todryk	Vice President-Taxation	One Nationwide Plaza, Col., Oh. 43215
Glenn W. Soden	Associate VP and Secretary	One Nationwide Plaza, Col., Oh. 43215
Thomas E. Barnes	Associate VP and Assistant Secretary	One Nationwide Plaza, Col., Oh. 43215
Carol L. Dove	Associate VP-Treasury Services and Assistant Treasurer	One Nationwide Plaza, Col., Oh. 43215
John F. Delaloye	Assistant Secretary	One Nationwide Plaza, Col., Oh. 43215
Dina A. Tanira	Assistant Secretary	One Nationwide Plaza, Col., Oh. 43215
Mark D. Maxwell	Assistant Secretary	One Nationwide Plaza, Col., Oh. 43215
Gary Berndt	Assistant Treasurer	One Nationwide Plaza, Col., Oh. 43215
Terry C. Smetzer	Assistant Treasurer	One Nationwide Plaza, Col., Oh. 43215

Directors

Joseph J. Gasper	One Nationwide Plaza, Col., Oh. 43215
Richard A. Karas	One Nationwide Plaza, Col., Oh. 43215
Mark R. Thresher	One Nationwide Plaza, Col., Oh. 43215



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85627** 2. Name of Corporation **NATIONWIDE INVESTMENT SERVICES CORPORATION**
3. Street Address Principal Business Office **One Nationwide Plaza** City **Columbus** State **Ohio** Zip **43215**
4. Business Phone No. **(614) 249-2572** 5. State of Incorporation **OKLAHOMA** 6. SIC Code **6064**
7. Brief Description of the Character of Business Conducted in Rhode Island
Broker/Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Duane C. Meek Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220 Secretary Name Glenn W. Soden Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220	Vice President Name Robert A. Oakley Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220 Treasurer Name Mark R. Thresher Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joseph J. Gasper Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220 Director Name Mark R. Thresher Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220	Director Name Richard A. Karas Street Address One Nationwide Plaza City Columbus State Ohio Zip 43215-2220
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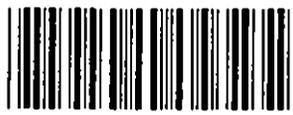
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10,000	\$1.00	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 2 7 *

File Date: 2-1-02
Check No.: 9460029098
By: de

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: Gary Berndt Date: 1/28/02
Print or Type Name of Officer: Gary Berndt
Title of Officer: Assistant Treasurer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85627** 2. Name of Corporation **NATIONWIDE INVESTMENT SERVICES CORPORATION**
3. Street Address Principal Business Office **One Nationwide Plaza** City **Columbus** State **Ohio** Zip **43215**
4. Business Phone No. **(614)249-2572** 5. State of Incorporation **OKLAHOMA** 6. SIC Code **6064**

7. Brief Description of the Character of Business Conducted in Rhode Island
Broker/Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Duane C. Meek			Vice President Name Robert A. Oakley		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City	State	Zip	City	State	Zip
Columbus	Ohio	43215	Columbus	Ohio	43215
Secretary Name Glenn W. Soden			Treasurer Name Mark R. Thresher		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City	State	Zip	City	State	Zip
Columbus	Ohio	43215	Columbus	Ohio	43215

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joseph J. Gasper			Director Name Philip C. Gath		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City	State	Zip	City	State	Zip
Columbus	Ohio	43215	Columbus	Ohio	43215
Director Name W. G. Jurgensen			Director Name Richard A. Karas		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City	State	Zip	City	State	Zip
Columbus	Ohio	43215	Columbus	Ohio	43215

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
10,000 SHS	\$1.00 PAR VAL	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 2 7 *

File Date: 1/29
9460023776

Check No.: 22

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Gary Berndt 01/23/01
Signature of Officer Date

Gary Berndt
Print or Type Name of Officer

Assistant Treasurer
Title of Officer

NATIONWIDE INVESTMENT SERVICES CORPORATION
Attachment to Rhode Island Annual Report

TITLE	NAME	ADDRESS
Assistant Treasurer	Gary Berndt	One Nationwide Plaza Columbus, Ohio 43215-2220
Director	Susan A. Wolken	One Nationwide Plaza Columbus, Ohio 43215-2220



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85627** 2. Name of Corporation **NATIONWIDE INVESTMENT SERVICES CORPORATION**
3. Street Address Principal Business Office **One Nationwide Plaza** City **Columbus** State **Ohio** Zip **43215-2220**
4. Business Phone No. **(614) 249-2572** 5. State of Incorporation **OKLAHOMA** 6. SIC Code **6064**
7. Brief Description of the Character of Business Conducted in Rhode Island
Broker/Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Duane C. Meek Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220	Vice President Name Robert A. Oakley Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220
Secretary Name Dennis W. Click Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220	Treasurer Name Mark R. Thresher Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joseph J. Gasper Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220	Director Name Richard A. Karas Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220
Director Name Philip C. Gath Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220	Director Name Dimon R. McFerson Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220

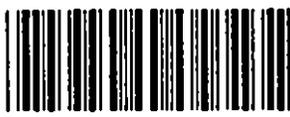
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
10,000 SHS	\$1.00 PAR VAL	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 6 2 7 *

1/27/00

File Date: _____

Check No.: 9460018780

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/21/2000
Signature of Officer Date

Gary Berndt
Print or Type Name of Officer

Assistant Treasurer
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 85627		2. Name of Corporation NATIONWIDE INVESTMENT SERVICES CORPORATION			
3. Street Address Principal Business Office Two Nationwide Plaza		City Columbus	State Ohio	Zip 43215-2220	
4. Business Phone No. (614) 249-2572		5. State of Incorporation OKLAHOMA			6. SIC Code 6064
7. Brief Description of the Character of Business Conducted in Rhode Island Broker/Dealer					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) * FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy Murphy			Vice President Name Robert A. Oakley		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
Secretary Name Dennis W. Click			Treasurer Name Mark R. Thresher		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) * FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph J. Gasper			Director Name Richard A. Karas		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
Director Name Phillip C. Gath			Director Name Dimon R. McFerson		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 SHS \$1.00 PAR VAL			5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 8 1999

Check No.: 8560000162

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/3/99

Print or Type Name of Officer: Gary Berndt

Title of Officer: Assistant Treasurer

NATIONWIDE INVESTMENT SERVICES CORPORATION
Attachment to Rhode Island Annual Report

TITLE	NAME	ADDRESS
Assistant Treasurer	Gary Berndt	One Nationwide Plaza Columbus, Ohio 43215-2220
Director	Susan A. Wolken	One Nationwide Plaza Columbus, Ohio 43215-2220

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85627		2. Name of Corporation NATIONWIDE INVESTMENT SERVICES CORPORATION			
3. Street Address Principal Business Office One Nationwide Plaza			City Columbus	State Ohio	Zip 43215-2220
4. Business Phone No. (614) 249-5354		5. State of Incorporation OKLAHOMA			6. SIC Code 6064
7. Brief Description of the Character of Business Conducted in Rhode Island Broker/Dealer					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name Timothy Murphy			Vice President Name W. Sidney Druen		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
Secretary Name Dennis Click			Treasurer Name Robert O. Cline		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name James E. Brock			Director Name Harvey S. Galloway, Jr.		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
Director Name Joseph J. Gasper			Director Name Dimon R. McFerson		
Street Address One Nationwide Plaza			Street Address One Nationwide Plaza		
City Columbus	State Ohio	Zip 43215-2220	City Columbus	State Ohio	Zip 43215-2220
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 SHS	\$1.00 PAR VAL		5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2.10.98
Check No.: 2000023217
By: ICP
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/2/98
Print or Type Name of Officer: Robert O. Cline
Title of Officer: VP-Treasurer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85627** 2. Name of Corporation **NATIONWIDE INVESTMENT SERVICES CORPORATION**

3. Street Address Principal Business Office
One Nationwide Plaza City **Columbus** State **Ohio** Zip **43215-2220**

4. Business Phone No. **(614) 249-5354** 5. State of Incorporation **OKLAHOMA** 6. SIC Code **6064**

7. Brief Description of the Character of Business Conducted in Rhode Island
Broker/Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

<p>President Name Timothy Murphy Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220</p>	<p>Vice President Name Robert O. Cline Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220</p>
<p>Secretary Name Gordon E. McCutchan Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220</p>	<p>Treasurer Name Robert O. Cline Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220</p>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

<p>Director Name James E. Brock Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220</p>	<p>Director Name Harvey S. Galloway, Jr. Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220</p>
<p>Director Name Joseph J. Gasper Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220</p>	<p>Director Name D. Richard McFerson Street Address One Nationwide Plaza City State Zip Columbus Ohio 43215-2220</p>

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 SHS	\$1.00 PAR VAL		5,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/31/97
Check No.: 2060019392
By: [Signature] / SEC

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1-27-97
Print or Type Name of Officer: Robert O. Cline
Title of Officer: VP-Treasurer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85627		2. NAME OF CORPORATION PEBSCO Securities Corp.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE One Nationwide Plaza		CITY Columbus	STATE Ohio
		ZIP CODE 43215-2220	
4. BUSINESS PHONE NO. (614) 249-5354	5. STATE OF INCORPORATION OKLAHOMA		6. SIC CODE 6064
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Sale of Deferred Compensation Plans			

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Jay G. Wilkinson			VICE PRESIDENT NAME Gordon E. McCutchan		
STREET ADDRESS Two Nationwide Plaza			STREET ADDRESS One Nationwide Plaza		
CITY Columbus	STATE Ohio	ZIP CODE 43215-2220	CITY Columbus	STATE Ohio	ZIP CODE 43215-2220
SECRETARY NAME Mark B. Koogler			TREASURER NAME Robert O. Cline		
STREET ADDRESS One Nationwide Plaza			STREET ADDRESS One Nationwide Plaza		
CITY Columbus	STATE Ohio	ZIP CODE 43215-2220	CITY Columbus	STATE Ohio	ZIP CODE 43215-2220

B. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME James E. Brock			DIRECTOR NAME Harvey S. Galloway, Jr.		
STREET ADDRESS One Nationwide Plaza			STREET ADDRESS One Nationwide Plaza		
CITY Columbus	STATE Ohio	ZIP CODE 43215-2220	CITY Columbus	STATE Ohio	ZIP CODE 43215-2220
DIRECTOR NAME Clenzo B. Fox			DIRECTOR NAME D. Richard McFerson		
STREET ADDRESS 209 S. High Street, Suite 510-511			STREET ADDRESS One Nationwide Plaza		
CITY Columbus	STATE Ohio	ZIP CODE 43215	CITY Columbus	STATE Ohio	ZIP CODE 43215-2220

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
10,000 SHS	\$1.00 PAR VAL		5,000	Common	\$1.00

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 3/28/96
Check No: 2060015852
By: CP
For Secretary of State Use Only

Robert O. Cline
Signature of Officer
Robert O. Cline
Print or Type Name of Officer
VP Treasurer
Title of Officer
3/12/96
Date



PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 54415		2. Name of Corporation Nationwide Investigative Services Ltd			
3. Street Address Principal Business Office 34 STACEY DR.			City CRANSTON	State R.I.	Zip 02920
4. Business Phone No. 401-463-7559		5. State of Incorporation RHODE ISLAND		6. SIC Code 7914	
7. Brief Description of the Character of Business Conducted in Rhode Island INVESTIGATIVE SERVICES + PROTECTIVE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name FRANK J. PEZZA			Vice President Name		
Street Address 34 STACEY DR.			Street Address		
City CRANSTON	State R.I.	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 SHS NO PAR VAL			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **12/1/97**
Check No.: **3570**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date: **12/26/96**
Signature of Officer: **FRANK J. PEZZA**
Print or Type Name of Officer: **FRANK J. PEZZA**
Title of Officer: **PRESIDENT**