2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 248504** 1. Entity Name AMERICAN MARINE UNDERWRITERS, INC. OI JAN 29 PM 3:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3320 N. WEST 53RD ST P.O. BOX 8017 SUITE 204 WAUSAU WI 54402-8017 FORT LAUDERDALE FL 33309-6384 2. Principal Place of Business 3. Mailing Address One Nationwide Plaza Suite, Apt. #, etc. Suite, Apt. #, etc. 1-26-05 City & State City & State 59-1031596 Columbus, Ohio Zip Country \$8.75 Additional 5. Certificate of Status Desired 43215-2220 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE Change 000003745330----02/21/01--01065--007 BARNES, GALEN R NAME NAME STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS ****750.00 CITY-ST-ZIP CITY-ST-ZIP ****750.00 COLUMBUS OH 43216 VPC TIT! F ☐ Delete Change TITLE OAKLEY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS ONE NATIONWIDE PLAZA 000003745330---02/21/01--01065--008 CITY-ST-7IP CITY-ST-7IP COLUMBUS OH ****150.00 metal 50.000 ition Tax Officer TITLE TITLÈ MCFERSON, D.R. NAME NAME Thompson, B.R. STREET ADDRESS 2000 WESTWOOD DR. STREET ADDRESS One Nationwide Plaza CITY-ST-ZIP CITY-ST-ZIP WAUSAU WI Columbus, OH 43216 TITLE VPS. ☐ Delete TITLE Change ☐ Addition SMITH, DAVID M NAME STREET ADDRESS STREET ADDRESS 2000 WESTWOOD DR CITY-ST-ZIP CITY-ST-ZIP Wausau Wi TITLE VPT ☐ Delete TITLE ☐ Change ☐ Addition NAME CAMPBELL, DUANE M NAME STREET ADDRESS ONE NATIONWIDE PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH **VPS** TITLE TITLE Change ☐ Addition NAME CLICK, DENNIS W NAME STREET ADDRESS STREET ADDRESS ONE NATIONWIDE PLAZA CITY-ST-ZIP CITY-ST-7/P COLUMBUS OH

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/00 (614) 249-6768

CR2E034 (5/00)