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Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 802639 (5)

1. Corporation Name
NATIONAL CASUALTY COMPANY



Principal Place of Business 8877 N. GAINEY CENTER DRIVE SCOTTSDALE AR 85258 US	Mailing Address 8877 N. GAINEY CENTER DRIVE SCOTTSDALE AR 85258 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1925	
21	22	26	27	4. FEI Number 38-0865250	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State AZ		City & State AZ		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	R. MAX WILLIAMSON	
STREET ADDRESS	8877 NORTH GAINEY CENTER DR.	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCUTCHAN, GORDAN E.	
STREET ADDRESS	2378 OXFORD ROAD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DRUEN, WILLIAM S.	
STREET ADDRESS	25 EAST DESHLER AVENUE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLAKE, RAYMOND B.	
STREET ADDRESS	6307 MEMORIAL DRIVE	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOONEY, DAVID P.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELALOYE, JOHN F.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McCutchan	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *David P. Mooney* 1/28/98 602-948-0505

CR2E034 (10/97)

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NATIONAL CASUALTY COMPANY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Galen R. Barnes One Nationwide Plaza Columbus, OH 43216	<input type="checkbox"/> Change X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C & CEO/D Dimon R. McFerson One Nationwide Plaza Columbus, OH 43216	<input type="checkbox"/> Change X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William S. Ramsden 901 Tower Drive, Suite 400 Troy, MI 48098	<input type="checkbox"/> Change X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Robert A. Oakley One Nationwide Plaza Columbus, OH 43216	<input type="checkbox"/> Change X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Robert J. Woodward, Jr. One Nationwide Plaza Columbus, OH 43216	<input type="checkbox"/> Change X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP J. Hoyt Blackhurst 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dennis W. Click One Nationwide Plaza Columbus, OH 43216	<input type="checkbox"/> Change X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David S. Dale 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change X Addition

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terri L. Hill	
STREET ADDRESS	8877 N. Gainey Center Drive	
CITY-ST-ZIP	Scottsdale, AZ 85258	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Horsman	
STREET ADDRESS	8877 N. Gainey Center Drive	
CITY-ST-ZIP	Scottsdale, AZ 85258	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John I. Howarth	
STREET ADDRESS	One Nationwide Plaza	
CITY-ST-ZIP	Columbus, OH 43216	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert P. Keul	
STREET ADDRESS	8877 N. Gainey Center Drive	
CITY-ST-ZIP	Scottsdale, AZ 85258	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin P. McCausland, Jr.	
STREET ADDRESS	One Nationwide Plaza	
CITY-ST-ZIP	Columbus, OH 43216	
TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael D. Miller	
STREET ADDRESS	8877 N. Gainey Center Drive	
CITY-ST-ZIP	Scottsdale, AZ 85258	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John B. Probst, Jr.	
STREET ADDRESS	8877 N. Gainey Center Drive	
CITY-ST-ZIP	Scottsdale, AZ 85258	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard J. Schmitzer	
STREET ADDRESS	8877 N. Gainey Center Drive	
CITY-ST-ZIP	Scottsdale, AZ 85258	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Schultz	
STREET ADDRESS	One Nationwide Plaza	
CITY-ST-ZIP	Columbus, OH 43216	

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP H. George Surprenant 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gary L. Tiepelman 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Alan A. Todryk One Nationwide Plaza Columbus, OH 43216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John D. Zicarelli 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Christopher G. Behymer 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Warren D. Lueker 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Jean M. Nelson 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP/Controller Arlan G. Oliva 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Vijay A. Ramachandran 8877 N. Gainey Center Drive Scottsdale, AZ 85258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven E. Smith 8877 N. Gainey Center Drive Scottsdale, AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Duane M. Campbell One Nationwide Plaza Columbus, OH 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas W. Dietrich One Nationwide Plaza Columbus, OH 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter J. Neckermann One Nationwide Plaza Columbus, OH 43216