

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802639

FILED  
Apr 21, 2012  
Secretary of State

Entity Name: NATIONAL CASUALTY COMPANY

**Current Principal Place of Business:**

8877 NORTH GAINEY CENTER DR.  
SCOTTSDALE, AZ 85258

**New Principal Place of Business:**

8877 NORTH GAINEY CENTER DR.  
SCOTTSDALE, AZ 85258 US

**Current Mailing Address:**

8877 NORTH GAINEY CENTER DR.  
SCOTTSDALE, AZ 85258

**New Mailing Address:**

8877 NORTH GAINEY CENTER DR.  
SCOTTSDALE, AZ 85258 US

FEI Number: 38-0865250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILLER, MICHAEL D PD  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215 US

Title: VPTD  
Name: HARPER, PETER W VPTD  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215 US

Title: DIR  
Name: TIEPELMAN, GARY L DIR  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215 US

Title: VPS  
Name: HORNER, III, ROBERT W VPS  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215 US

Title: DIR  
Name: LEVINE, KENNETH A DIR  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215 US

Title: DIR  
Name: WAIN, SUSAN F DIR  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215 US

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: LAURA LOUIS

POA

04/21/2012

Electronic Signature of Signing Officer or Director

Date