

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91271 001 *1,350.00

DOCUMENT # 802939

1. Entity Name

WATERFORD INSURANCE COMPANY

Principal Place of Business

555 Kansas Ave.
 301
 Topeka, KS 66603
 US

Mailing Address

80 South Main St.
 Hanover, NH 03755
 US

2. Principal Place of Business

One Nationwide Plaza

Suite, Apt. #, etc.

3. Mailing Address

One Nationwide Plaza

Suite, Apt. #, etc.

City & State

Columbus, Ohio

City & State

Columbus, Ohio

Zip
 43216

Country
 US

Zip
 43216

Country
 US

4. FEI Number

48-0470690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Florida State Insurance Commissioner
 Capitol Building
 Tallahassee, FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Baxter, Terry	
STREET ADDRESS	130 Spring Hill Rd.	
CITY-ST-ZIP	Lyne, NH 03768	
TITLE	EVC	<input checked="" type="checkbox"/> Delete
NAME	Barrette, Ray	
STREET ADDRESS	12 Maple Street	
CITY-ST-ZIP	Hanover, NH 03755	
TITLE	SVC	<input checked="" type="checkbox"/> Delete
NAME	Paquette, Mike	
STREET ADDRESS	100 Three Mile Rd.	
CITY-ST-ZIP	Hanover, NH 03755	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	Beaulieu, Dennis P.	
STREET ADDRESS	61 Barnard Hill Rd.	
CITY-ST-ZIP	Dunbarton, NH 03045-4602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Campbell, Reid T.	
STREET ADDRESS	80 South Main St.	
CITY-ST-ZIP	Hanover, NH 03755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Oberting, Kernan V.	
STREET ADDRESS	80 South Main St.	
CITY-ST-ZIP	Hanover, NH 03755	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hollingsworth, David K.	
STREET ADDRESS	One Nationwide Plaza	
CITY-ST-ZIP	Columbus, Ohio 43216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnes, Galen R.	
STREET ADDRESS	One Nationwide Plaza	
CITY-ST-ZIP	Columbus, Ohio 43216	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Michael D.	
STREET ADDRESS	One Nationwide Plaza	
CITY-ST-ZIP	Columbus, Ohio 43216	
TITLE	AVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dove, Carol L.	
STREET ADDRESS	One Nationwide Plaza	
CITY-ST-ZIP	Columbus, Ohio 43216	
TITLE	AVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Soden, Glenn W.	
STREET ADDRESS	One Nationwide Plaza	
CITY-ST-ZIP	Columbus, Ohio 43216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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:

Glenn W. Soden

Glenn W. Soden, Associate Vice

04/07/01

(614) 249-7610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President and

Secretary

Date

Daytime Phone #

CRZE034 (11/00)