

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 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 # 810578 (5)

1. Corporation Name
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY



Principal Place of Business ONE NATIONWIDE PLAZA COLUMBUS 16 OHIO 43215	Mailing Address ONE NATIONWIDE PLAZA COLUMBUS 16 OHIO 43215
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Nationwide Plaza Suite, Apt. #, etc.	2a. Mailing Address 26 One Nationwide Plaza Suite, Apt. #, etc.
22 City & State 23 Columbus, Ohio	27 City & State 28 Columbus, Ohio
24 Zip 43216	25 Country U.S.A.
29 Zip 43216	30 Country U.S.A.

3. Date Incorporated or Qualified 10/14/1955	
4. FEI Number 31-4177110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL**

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

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	MCFERSON, D.R.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TODRYK, A.A.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 00000	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FOLK, MARK A.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 00000 43216	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCCUTCHAN, G.E.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUELLGRAF, C. L., JR.	
STREET ADDRESS	ONE NATIONWIDE PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McFerson, Dimon R.	
1.3 STREET ADDRESS	One Nationwide Plaza	
1.4 CITY-ST-ZIP	Columbus, Ohio 43216	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McCutchan, Gordon E.	
2.3 STREET ADDRESS	One Nationwide Plaza	
2.4 CITY-ST-ZIP	Columbus, Ohio 43216	
3.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Click, Dennis W.	
3.3 STREET ADDRESS	One Nationwide Plaza	
3.4 CITY-ST-ZIP	Columbus, Ohio 43216	
4.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Campbell, Duane M.	
4.3 STREET ADDRESS	One Nationwide Plaza	
4.4 CITY-ST-ZIP	Columbus, Ohio 43216	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Crabtree, Richard D.	
5.3 STREET ADDRESS	One Nationwide Plaza	
5.4 CITY-ST-ZIP	Columbus, Ohio 43216	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dietrich, Thomas W.	
6.3 STREET ADDRESS	One Nationwide Plaza	
6.4 CITY-ST-ZIP	Columbus, Ohio 43216	

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:  **Thomas W. Dietrich** 3/19/98 (614) 249-7638

CR2E034 (10/97)