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FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90001 002 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **810578** ✓
 1. Corporation Name
NATIONWIDE MUTUAL FIRE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1 NATIONWIDE PLAZA
COLUMBUS OH 43216
US

Mailing Address
1 NATIONWIDE PLAZA
COLUMBUS 16 OHIO 43216
US

3. Date Incorporated or Qualified
10/14/1955

2. Principal Place of Business
21 One Nationwide Plaza

2a. Mailing Address
26 One Nationwide Plaza

4. FEI Number
31-4177110

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23 Columbus, Ohio

City & State
28 Columbus, Ohio

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 43216 25 USA

Zip Country
29 43216 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C <input type="checkbox"/> DELETE
NAME	MCFERSON, DIMON R
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS, OH 00000 43216
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MCCUTCHAN, GORDON E
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS, OH 00000 43216
TITLE	VS <input type="checkbox"/> DELETE
NAME	CLICK, DENNIS W
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS, OH 00000 43216
TITLE	VT <input type="checkbox"/> DELETE
NAME	CAMPBELL, DUANE M
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS, OH 00000 43216
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CRABTREE, RICHARD D
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS, OH 00000 43216
TITLE	V <input type="checkbox"/> DELETE
NAME	DIETRICH, THOMAS W
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS OH 43216

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barnes, Galen R.
1.3 STREET ADDRESS	One Nationwide Plaza
1.4 CITY-ST-ZIP	Columbus, Ohio 43216
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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, with all other like empowered.

SIGNATURE: Dennis W. Click **REQUIRED** Dennis W. Click 06/17/99 (614) 249-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)