

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

Principal Place of Business

1 NATIONWIDE PLAZA  
COLUMBUS OH 43216  
US

Mailing Address

1 NATIONWIDE PLAZA  
COLUMBUS 16 OHIO 43216  
US

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

06-25-1999 90001 002 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1955

4. FEI Number

31-4177110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSONER  
CAPITOL BUILDING  
TALLAHASSEE FL

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME MCFERSON, DIMON R  
STREET ADDRESS ONE NATIONWIDE PLAZA  
CITY-ST-ZIP COLUMBUS, OH 00000 43216

TITLE V ☒ DELETE

NAME MCCUTCHAN, GORDON E  
STREET ADDRESS ONE NATIONWIDE PLAZA  
CITY-ST-ZIP COLUMBUS, OH 00000 43216

TITLE VS ☐ DELETE

NAME CLICK, DENNIS W  
STREET ADDRESS ONE NATIONWIDE PLAZA  
CITY-ST-ZIP COLUMBUS, OH 00000 43216

TITLE VT ☐ DELETE

NAME CAMPBELL, DUANE M  
STREET ADDRESS ONE NATIONWIDE PLAZA  
CITY-ST-ZIP COLUMBUS, OH 00000 43216

TITLE P ☒ DELETE

NAME CRABTREE, RICHARD D  
STREET ADDRESS ONE NATIONWIDE PLAZA  
CITY-ST-ZIP COLUMBUS, OH 00000 43216

TITLE V ☐ DELETE

NAME DIETRICH, THOMAS W  
STREET ADDRESS ONE NATIONWIDE PLAZA  
CITY-ST-ZIP COLUMBUS OH 43216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ 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 ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/99

Date

(614) 249-7531

Daytime Phone #

CR2E034 (11/98)