

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mathias  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 Apr 09 1996 8:00 am  
 Secretary of State

DOCUMENT # **814115 (2)**

1. Corporation Name

**NATIONWIDE GENERAL INSURANCE COMPANY**

Principal Place of Business

**ONE NATIONWIDE PLAZA  
 COLUMBUS 18 OHIO 43215**

Mailing Address

**ONE NATIONWIDE PLAZA  
 COLUMBUS 18 OHIO 43215**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSION  
 CAPITOL BLDG.  
 TALLAHASSEE FL**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 607.06(2) and 607.14(1) Florida Statutes, the undersigned hereby certifies the 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. Thereby I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this report is true, correct, complete, and given in good faith for the reasons stated in Section 119.07(3)(b), 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 responsible officer or employee of a service corporation as provided in section 119.07(3)(b), Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gordon E. McCutchan* **Gordon E. McCutchan** 4/3/96 (614) 249-7111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)