

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

FILED

**Mar 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814115 (2)
1. Corporation Name
NATIONWIDE GENERAL 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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/23/1959	3a. Date of Last Report 04/09/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-4425763	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSION CAPITOL BLDG. 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	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLK, MARK, A	1.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MCFERSON, D.R.	2.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 00000	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	FUELLGRAF, C L JR	3.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 00000	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MCCUTCHAN, G.E.	4.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	TODRYK, A.A.	5.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 00000	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: Gordon E. McCutchan Date: **2/12/97** (614) 249-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)