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FILED
Apr 09 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 # 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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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.		3. Date Incorporated or Qualified 12/23/1959	
22 City & State 23 Columbus, Ohio		27 City & State 28 Columbus, Ohio		4. FEI Number 31-4425763 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip 43216		25 Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 43216		30 Country U.S.A.		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 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	
				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 checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLK, MARK, A	1.2 NAME	Weihs, Harold W.
STREET ADDRESS	ONE NATIONWIDE PLAZA	1.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	COLUMBUS OH 43216	1.4 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	PO <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCFERSON, D.R.	2.2 NAME	Crabtree, Richard D.
STREET ADDRESS	ONE NATIONWIDE PLAZA	2.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	COLUMBUS, OH 00000	2.4 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUELLGRAF, C L JR	3.2 NAME	McCutchan, Gordon E.
STREET ADDRESS	ONE NATIONWIDE PLAZA	3.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	COLUMBUS, OH 00000	3.4 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCUTCHAN, G.E.	4.2 NAME	Click, Dennis W.
STREET ADDRESS	ONE NATIONWIDE PLAZA	4.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	COLUMBUS OH 43216	4.4 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODRYK, A.A.	5.2 NAME	Larkin, Christopher T.
STREET ADDRESS	ONE NATIONWIDE PLAZA	5.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	COLUMBUS, OH 00000	5.4 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Druen, W. Sidney
STREET ADDRESS		6.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP		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: *W. Sidney Druen* **W. Sidney Druen** **3/23/98** **(614) 249-7640**

CR2E034 (10/97)