

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

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

06-25-1999 90001 005 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 814115 ✓  
1. Corporation Name  
NATIONWIDE GENERAL INSURANCE COMPANY

Principal Place of Business  
ONE NATIONWIDE PL  
COLUMBUS 16 OHIO 43216  
US

Mailing Address  
ONE NATIONWIDE PLAZA  
COLUMBUS 16 OHIO 43216  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/23/1959

4. FEI Number  
31-4425763

Applied For  
Not Applicable

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

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

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

2. Principal Place of Business  
21 One Nationwide Plaza  
Suite, Apt. #, etc.  
22

2a. Mailing Address  
26 One Nationwide Plaza  
Suite, Apt. #, etc.  
27

City & State  
23 Columbus, Ohio  
28 Columbus, Ohio

Zip Country  
24 43216 USA  
25 29 43216 USA  
30

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  
FL

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
C	WEHL, HAROLD W.	ONE NATIONWIDE PLAZA	COLUMBUS OH 43216	<input checked="" type="checkbox"/>
PD	MCFERSON, D.R.	ONE NATIONWIDE PLAZA	COLUMBUS, OH 00000	<input type="checkbox"/>
V	MCCUTCHAN, GORDON E.	ONE NATIONWIDE PLAZA	COLUMBUS, OH 00000 43216	<input checked="" type="checkbox"/>
VS	MCCUTCHAN, G.E.	ONE NATIONWIDE PLAZA	COLUMBUS OH 43216	<input checked="" type="checkbox"/>
V	TODRYK, A.A.	ONE NATIONWIDE PLAZA	COLUMBUS, OH 00000	<input type="checkbox"/>
P	CRABTREE, RICHARD D.	ONE NATIONWIDE PLAZA	COLUMBUS OH 43216	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
C	McFerson, D.R.	One Nationwide Plaza	Columbus, Ohio 43216	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Barnes, Galen R.	One Nationwide Plaza	Columbus, Ohio 43216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VS	Click, Dennis W.	One Nationwide Plaza	Columbus, Ohio 43216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VT	Campbell, Duane M.	One Nationwide Plaza	Columbus, Ohio 43216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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)