

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90192 001 *1,200.00

DOCUMENT # 814115
 1. Entity Name
NATIONWIDE GENERAL INSURANCE COMPANY

Principal Place of Business ONE NATIONWIDE PLAZA COLUMBUS OH 43216 US	Mailing Address ONE NATIONWIDE PLAZA COLUMBUS OH 43215-2220 US
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11197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 31-4425763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete MCFERSON, D R ONE NATIONWIDE PLAZA COLUMBUS OH 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete MCFERSON, D.R. ONE NATIONWIDE PLAZA COLUMBUS, OH 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BARNES, GALEN R ONE NATIONWIDE PLAZA COLUMBUS OH 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Delete CLICK, DENNIS W ONE NATIONWIDE PLAZA COLUMBUS OH 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete TODRYK, A.A. ONE NATIONWIDE PLAZA COLUMBUS, OH 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete CAMPBELL, DUANE M ONE NATIONWIDE PLAZA COLUMBUS OH 43216

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McFerson, Dimon R. One Nationwide Plaza Columbus, Ohio 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barnes, Galen R. One Nationwide Plaza Columbus, Ohio 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hatler, Patricia R. One Nationwide Plaza Columbus, Ohio 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Soden, Glenn W. One Nationwide Plaza Columbus, Ohio 43216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn W. Soden* **Glenn W. Soden** **04/28/00** **(614) 249-7610**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)