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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844658

(5)

COLONIAL INSURANCE COMPANY OF WISCONSIN

Principal Place of Business 2390 E ORANGEWOOD AVE ANAHEM CA 92808-6187

2. Principal Place of Business

Suite, Apt. #, etc.

21 One Nationwide Plaza

Columbus, Ohio

(Attn: R. Gray, 1-35-14)

Mailing Address

2s. Mailing Address

Suite, Apt. #, etc.

City & State Columbus, Ohio

2390 E. ORANGEWOOD AVENUE ANAHEIM CA 82806-6187 US

One Nationwide Plaza

(Attn: R. Gray,1-35-14)

CN \$2000-6167

## FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 $\mathbf{x}$ 

 Date Incorporated or Qualified 11/20/1979

95-0639970

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Žip	Country	Zip	Cou	Country		8. This corporation owes or has paid the current year Intangible		
24 43215	i-2220 25 U.S.A.	29 43215-2220	30 U	s.	Α.	Personal Property Tax due June 30. 🔲 Yes 🙀 No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
STATE INSURANCE COMMISSIONER 81						,		
CAPITOL BUILDING					Stroot	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
•				64				
,					City	FL 85 Zip Code		
11. Pursuant to the provisions of Soctions 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 accopt the obligations of, Section 607 0506, Florida Statutes.								
SIGNATURE								
Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered in					tered Agent signature required when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CRABTREE, RICHARD D	☐ DELETE	1.1 (1			C/P/D		
NAME	7284 LANDON LANE		1.2 N			One Nationwide Plaza		
STREET ADDRESS	NEW ALBANY OH		,		ADDRESS	1 1		
CITY-ST-ZIP	D D			17·S1	- ZIP	Columbus, Ohio 43215-2220		
TITLE	MCFERSON, RICHARD D.	☐ DELETE	2.1 Ti		- 1	D Change Addition		
NAME	7525 PERRY RD.		2.2 N			McFerson, Richard D.		
STREET ADDRESS	DELAWARE OH					One Nationwide Plaza		
CTTY-ST-ZIP	DP DP	T DELETE		ITY-S	T-ZIP	Columbus, Ohio 43215-2220		
TITLE	LUNDREGAN, STEPHEN M	<b>▼</b> DELETE	31 71			V/D ☐ Change ☑ Addition		
NAME	8 WESTCLIFF		3.2 N	AME		Druen, W. Sidney		
STREET ADDRESS	LAGUNA NIGUEL CA 92677		3.3 \$	TREET	address	One Nationwide Plaza		
CITY-ST-ZIP	VS	FE OF STATE	_	ITY-S	T-ZiP	Columbus, Ohio 43215-2220		
TITLE	MCCUTCHAN, GORDON E	DELETE	4.1 11			V/S Change Addition Click. Dennis W.		
NAME	2376 OXFORD ROAD		4.2 N					
STREET ADDRESS	COLUMBUS OH		1		1000	One Nationwide Plaza		
CITY-ST-ZIP	VIS	T perese		TY-51	- ZIP	Columbus, Ohio 43215-2220		
TITLE	FERGUSON, JAMES H(ASS-S)	DELETE.	51 TI			11,2		
NAME	694 VERONICA		52 N			Campbell, Duane M.		
STREET ADDRESS	UPLAND, CA 00000					One Nationwide Plaza		
CITY-ST-ZIP	VS	X DELETE		TY - ST	- ZIP	Columbus, Ohio 43215-2220		
TITLE	MCGURIE, DAVID F	M DELETE	6.1 Ti		}	Change Addition		
NAME	22782 COSTA BELLA DR		6.2 N					
STREET ADDRESS	EL TORO CA				ADORESS			
CITY-ST-ZiP		this file a place and a - 12 . I		TY-\$1		and in Continue 110 07/07/12 Florido Clotados I furbos codificable the information		
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								

14. I hereby certify that the information supplied with this filling 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 logal 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 of changed, or on an attachment with an address.

SIGNATURE:

Downs Williak

Dennis W. Click

April 24, 1998

(614)249-7531

JHZE034 (10/97)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable