

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

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**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

DOCUMENT # 850328 (6)
1. Corporation Name
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA NY



Principal Place of Business
ONE NATIONWIDE PLAZA COLUMBUS OH 43215

Mailing Address
ONE NATIONWIDE PLAZA COLUMBUS OH 43215

3. Date Incorporated or Qualified
09/11/1981

3a. Date of Last Report
04/09/1996

4. FEI Number
31-0970750

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32602**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, N. C.
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS OH
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, DAVID
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS OH
TITLE	V <input type="checkbox"/> DELETE
NAME	CLICK, D. W.
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS OH
TITLE	VS <input type="checkbox"/> DELETE
NAME	MCCUTCHAN, G.E.
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS OH
TITLE	VT <input type="checkbox"/> DELETE
NAME	FOLK, M. A.
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS OH
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCFERSON, D.R.
STREET ADDRESS	ONE NATIONWIDE PLAZA
CITY-ST-ZIP	COLUMBUS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon E. McCutchan
2/12/97 (614) 249-7111

CR2E034 (9/96)