

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90192 001 *1,200.00

DOCUMENT # 850328

1. Entity Name
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPA

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-0970750	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 COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32602**

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

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 D Delete <input type="checkbox"/>	THOMAS, N. C. ONE NATIONWIDE PLAZA COLUMBUS OH
TITLE D Delete <input type="checkbox"/>	MILLER, DAVID ONE NATIONWIDE PLAZA COLUMBUS OH
TITLE VS Delete <input type="checkbox"/>	CLICK, DENNIS W ONE NATIONWIDE PLAZA COLUMBUS OH 43216
TITLE V Delete <input type="checkbox"/>	DIETRICH, THOMAS W ONE NATIONWIDE PLAZA COLUMBUS OH 43215
TITLE VT Delete <input type="checkbox"/>	CAMPBELL, DUANE M ONE NATIONWIDE PLAZA COLUMBUS OH 43216
TITLE PD Delete <input type="checkbox"/>	MCFERSON, D.R. ONE NATIONWIDE PLAZA COLUMBUS OH

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SV/S Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	Hatler, Patricia R. One Nationwide Plaza Columbus, Ohio 43216
TITLE V Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	Click, Dennis W. One Nationwide Plaza Columbus, Ohio 43216
TITLE C/D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	McFerson, Dimon R. One Nationwide Plaza Columbus, Ohio 43216
TITLE P/D Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>	Barnes, Galen R. One Nationwide Plaza Columbus, Ohio 43216
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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: Thomas W. Dietrich Date: 04/27/00 Daytime Phone #: (614) 249-7638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)