


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90016 041 ***150.00

DOCUMENT # 850328

1. Entity Name
NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43216 US

Mailing Address
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43216- US

44010260



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
43215-2220

3. Mailing Address
 Suite, Apt. #, etc.
Roger Craig, !-35-16
 City & State
 Zip
43215-2220

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
31-0970750

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JURGENSEN, W.G. ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT ROSHOLT, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS, OH 43216- <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIETRIGH, THOMAS W ONE NATIONWIDE PLAZA COLUMBUS, OH 43216- <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS HATLER, PATRICIA R ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 43215-2220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EV 43215-2220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SV Nocco, Brian W. One Nationwide Plaza Columbus, Ohio 43215-2220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Rasmussen, Stephen S. One Nationwide Plaza Columbus, Ohio 43215-2220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Robinette, Douglas C! One Nationwide Plaza Columbus, Ohio 43215-2220

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn W. Soden 01-15-04 (614) 249-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Glenn W. Soden, Associate Vice President, & Assistant Secretary