

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006967

FILED
Sep 12, 2007
Secretary of State

Entity Name: VICTORIA AUTOMOBILE INSURANCE COMPANY

Current Principal Place of Business:

5915 LANDERBROOK DR
CLEVELAND, OH 441244058

New Principal Place of Business:

Current Mailing Address:

ONE NATIONWIDE PLAZA
COLUMBUS, OH 432152220

New Mailing Address:

5915 LANDERBROOK DR
CLEVELAND, OH 441244058

FEI Number: 34-1785903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAHN, DAVID R
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 532152220

Title: D () Delete
Name: RASMUSSEN, STEPHEN S
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 532152220

Title: P () Delete
Name: WAGGONER, RICHARD M
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 532152220

Title: V () Delete
Name: CAMPBELL, JOHN F
Address: 5915 LANDERBROOK DR
City-St-Zip: MAYFIELD HEIGHTS, OH 441244058

Title: S () Delete
Name: SODEN, GLENN W
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 432152220

Title: T () Delete
Name: DUBOIS, JOSEPH G
Address: 5915 LANDERBROOK DR
City-St-Zip: MAYFIELD HEIGHTS, OH 441244058

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH G DUBOIS

T

09/12/2007

Electronic Signature of Signing Officer or Director

_____ Date