

FD6000006967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

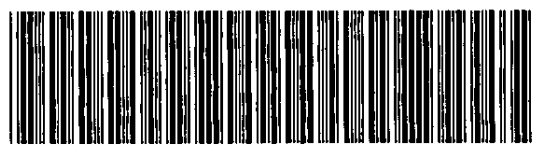
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400277595354

10/01/15--01029--013 **35.00

FILED
2015 DEC -9 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/Changing Jurisdiction

DEC 9 2015
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Victoria Automobile Insurance Company
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline A. Gordon

Name of Contact Person

Nationwide

Firm/Company

One Nationwide Plaza, Mail Code 1-35-101

Address

Columbus, OH 43215

City/State and Zip Code

FinRpt@nationwide.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline A. Gordon

at (614) 249-4431

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Office of the Chief Legal and Governance Officer

December 2, 2015

Ms. Irene Albritton
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Victoria Automobile Insurance Company
Ref. Number: F06000006967

Dear Ms. Albritton:

Enclosed please find the Articles of Incorporation and Redomestication of Victoria Automobile Insurance Company certified by the Ohio Secretary of State as of December 2, 2015.

We would request that your office please update its records to reflect that Victoria Automobile Insurance Company has redomesticated from the state of Indiana to the state of Ohio and notify us of the change by either correspondence or email notification. If notifying by email, please direct to my attention at gordoj4@nationwide.com.

If you should need any additional information, please do not hesitate to contact me.

Sincerely,

Jacqueline A. Gordon
Sr. Paralegal

Enclosure

RECEIVED
15 DEC -9 AM 11:13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2015

JACQUELINE A. GORDON
NATIONWIDE
ONE NATIONWIDE PLAZA/MAIL CODE 1-35-101
COLUMBUS, OH 43215

SUBJECT: VICTORIA AUTOMOBILE INSURANCE COMPANY
Ref. Number: F06000006967

We have received your document for VICTORIA AUTOMOBILE INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 215A00023978



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2015

JACQUELINE A. GORDON
NATIONWIDE
ONE NATIONWIDE PLAZA/MAIL CODE 1-35-101
COLUMBUS, OH 43215

SUBJECT: VICTORIA AUTOMOBILE INSURANCE COMPANY
Ref. Number: F06000006967

We have received your document for VICTORIA AUTOMOBILE INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of authorization to transact business in Florida must be contained in the document.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 315A00021001

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

(Document number of corporation (if known))

1. Victoria Automobile Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Ohio

(Incorporated under laws of)

3. September 3, 2009

(Date authorized to do business in Florida)

FILED
2015 DEC -9 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

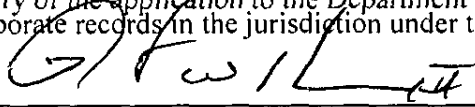
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Ohio

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Robert William Horner, III

(Typed or printed name of person signing)

Vice President & Secretary

(Title of person signing)

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of December, A.D. 2015.

Ohio Secretary of State

Jon Husted

Validation Number:

201533601002



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/02/2014	201400201408	MISCELLANEOUS FILING (MIS)	150.00	300.00		.00	125.00

Receipt

This is not a bill. Please do not remit payment.

DIAMOND ACCESS
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

1489356

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

VICTORIA AUTOMOBILE INSURANCE COMPANY

and, that said business records show the filing and recording of:

Document(s)

MISCELLANEOUS FILING

Document No(s):

201400201408

Effective Date: 01/02/2014



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 2nd day of January, A.D.
2014.

Ohio Secretary of State

STATE OF OHIO
DEPARTMENT OF INSURANCE
50 W. Town Street, Third Floor, Suite 300
Columbus, Ohio 43215

IN THE MATTER OF: : MARY TAYLOR
: LT. GOVERNOR/DIRECTOR
VICTORIA AUTOMOBILE :
INSURANCE COMPANY : ORDER AND JOURNAL ENTRY
: :
(NAIC No. 10644) :

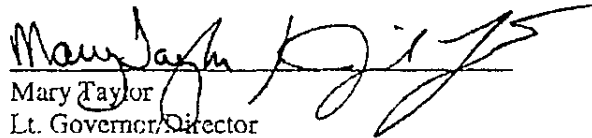
ORDER

1. Victoria Automobile Insurance Company (the "Company"), presently domiciled in the State of Indiana, has applied to the Superintendent of Insurance for approval to redomesticate to Ohio pursuant to Section 3913.40 of the Ohio Revised Code. The Company currently has a certificate of authority to conduct the business of insurance in the State of Ohio.
2. The Company has designated its principal place of business in this state as One West Nationwide Blvd., 1-04-701, Columbus, Ohio 43215-2220, phone number (614) 249-1545.
3. No evidence has been submitted that the proposed transfer of domicile is not in the interest of the policyholders of the State of Ohio.

NOW THEREFORE IT IS ORDERED THAT:

1. The redomestication of the Company from Indiana to Ohio is approved as of the date below.
2. The Company will be issued an amended certificate of authority that shows that it is domiciled in the State of Ohio as of its original date of incorporation (March 3, 1994).

This Order made and entered into the Journal of the Ohio Department of Insurance this
20th day of December, 2013.


Mary Taylor
Lt. Governor/Director



Form 532A Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Initial Articles of Incorporation
(For Profit, Domestic Corporation)
Filing Fee: \$125
(113 - ARF)

First: Name of Corporation
(Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

Second: Location of Principal office in Ohio
City State
County

Effective Date (Optional)
(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Third: The number of shares which the corporation is authorized to have outstanding.
(Please state if shares are common or preferred and their par value, if any.)

Number of Shares Type Par Value

Fourth: If the corporation is to have an initial stated capital, please state the amount of that stated capital

Amount

Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form.

2014 JAN -2 PM 12:20
CLIENT SERVICE CENTER

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Victoria Automobile Insurance Company hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

CSC-Lawyers Incorporating Service (Corporation Service Company)

Name

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

Zip Code

Must be signed by the incorporators or a majority of the incorporators

Katey R. Richards
Signature

Signature

Signature

ACCEPTANCE OF APPOINTMENT

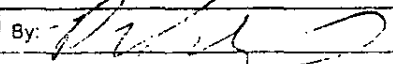
The Undersigned, CSC-Lawyers Incorporating Service (Corporation Service Company), named herein as the Statutory Agent Name

Statutory agent for Victoria Automobile Insurance Company
Corporation Name

hereby acknowledges and accepts the appointment of statutory agent for said corporation

CSC-Lawyers Incorporating Service (Corporation Service Company)

Paul Gottlieb
Vice President

Statutory Agent Signature By: 

Individual Agent's Signature/Signature on Behalf of Corporate Agent

If the agent is an individual and using a P.O. Box, check this box to confirm the agent is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Victoria Automobile Insurance Company

Signature

Kathy R. Richards

By

Kathy R. Richards, Associate VP & Asst. Secretary

Print Name

Signature

By

Print Name

Signature

By

Print Name



MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

Health and Human Services
(614) 466-8600 Telephone
(614) 466-6090 Facsimile
30 East Broad Street, Level 26
Columbus, Ohio 43215

www.ohioattorneygeneral.gov

December 17, 2013

Allison A. DeSantis
Director of Business Services
Ohio Secretary of State
180 East Broad Street, 16th Floor
Columbus, OH 43215

**Re: Victoria Automobile Insurance Company
Proposed Articles of Redomestication**

Dear Ms. DeSantis:

I have reviewed the Proposed Articles of Redomestication of the Victoria Automobile Insurance Company. I have also consulted with the Ohio Department of Insurance, which has expressed its approval of the Articles in question.

Based upon my examination of these Articles and my review of the relevant statutes, I find the Articles to be in accordance with the constitution and laws of the State of Ohio and of the United States.

Regards,

MICHAEL DEWINE
Attorney General of Ohio

SCOTT MYERS
Assistant Attorney General
Health and Human Services
30 East Broad Street, 26th floor
Columbus, Ohio 43215
614-466-8600
614-466-6090 (facsimile)

SM/mr

cc: Stephen J. Vamos, Esq.

EXHIBIT "A"

ARTICLES OF INCORPORATION AND REDOMESTICATION
OF
VICTORIA AUTOMOBILE INSURANCE COMPANY

PREAMBLE: This document identifies the transaction as a redomestication subject to approval of the *Superintendent of Insurance* pursuant to Section 3913.40 of the Ohio Revised Code as it now exists or may hereafter be amended. On February 18, 1994, the Corporation was formed in the State of Indiana and is currently domiciled in Indiana. The Articles of Incorporation have been amended on April 13, 2012 and March 27, 2012.

FIRST: The name of the corporation shall be VICTORIA AUTOMOBILE INSURANCE COMPANY.

SECOND: The principal office shall be located in Columbus, Franklin County, Ohio.

THIRD: The amount of stated capital of the Corporation shall be three million dollars (\$3,000,000), and the Corporation shall be authorized to issue four thousand (4,000) shares of common stock, without par value.

FOURTH: The amount of paid-in capital with which the Corporation began business was one million dollars (\$1,000,000). The amount of surplus with which the Corporation began business was one million dollars (\$1,000,000).

FIFTH: The Corporation is formed for the purpose of transacting a general insurance business, except life insurance, in any of the kinds of insurance set forth in and as authorized by the Ohio Revised Code as it now exists or may hereafter be amended.