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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

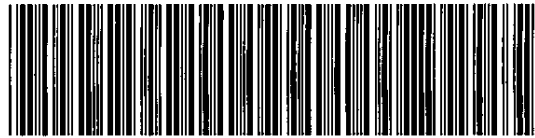
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 OCT 15 PM 4:09

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Depositors Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joyce Gillaspie, Paralegal Specialist
(Name of Person)

Depositors Insurance Company
(Firm/Company)

1100 Locust Street, Dept 0301
(Address)

Des Moines, IA 50391-0301
(City/State and Zip code)

For further information concerning this matter, please call:

Joyce Gillaspie at (515) 508-4921
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2007

JOYCE GILLASPIE, PARALEGAL SPECIALIST
DEPOSITORS INSURANCE COMPANY
1100 LOCUST STREET, DEPT. 0301
DES MOINES, IA 50391-0301

SUBJECT: DEPOSITORS INSURANCE COMPANY
Ref. Number: W07000046366

We have received your document for DEPOSITORS INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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) 245-6934.

Loria Poole
Document Specialist

Letter Number: 407A00055212



**Allied
Insurance**

a Nationwide® company
On Your Side®

1100 Locust Street, Dept 0301
Des Moines, IA 50391-0301

October 12, 2007

Via UPS Next Day Delivery

Florida Department of State
Division of Corporations
Attn: Ms. Loria Poole, Document Specialist
New Filing Section
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Depositors Insurance Company
Ref. Number W07000046366

Dear Ms. Poole:

Enclosed is a copy of your letter (Letter Number 407A00055212) acknowledging receipt of our Application package and requesting that we correct the designation of registered agent (Paragraphs 9 and 10).

Pursuant to a telephone conversation with Secretary of State Supervisor Diane Cushing, we have confirmed that the Chief Financial Officer of Florida is the statutory agent for service of process for insurers in Florida, and that his signature is not required on the Application form. Accordingly, on the Application page that we are resubmitting herewith, we have completed Paragraphs 9 and 10 pursuant to Ms. Cushing's instructions.

Please process our application and forward the Certificate of Status to me at the address provided in the Cover Letter previously provided. If you have questions or need additional information, please contact me at 515-508-4921. Thank you very much for your assistance.

Sincerely,

Joyce Gillaspie
Paralegal Specialist

Enclosures

Allied Group, Inc.
AMCO Insurance Company
Allied Property and Casualty Insurance Company
Depositors Insurance Company

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **Depositors Insurance Company**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. **Iowa**

(State or country under the law of which it is incorporated)

3. **42-1207150**

(FEI number, if applicable)

4. **08/24/1983**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1100 Locust Street, Des Moines, IA 50391-1100**

(Principal office address)

1100 Locust Street, Des Moines, IA 50391-1100

(Current mailing address)

8. **To engage in the business of insurance, other than life insurance.**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Chief Financial Officer of Florida**

Office Address: **200 E. Gaines Street**

Tallahassee, Florida **32399**
(City) (Zip code)

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2007 OCT 15 PM 4: 09
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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Chief Financial Officer of Florida (no signature required)

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Stephen S. Rasmussen

Address: One Nationwide Plaza
Columbus, OH 43215

Vice Chairman: _____

Address: _____

Director: W. Kim Austen

Address: 1100 Locust Street
Des Moines, IA 50391-1100

James R. Burke

One Nationwide Plaza
Columbus, OH 43215

Director: Wendell P. Crosser

Address: 1100 Locust Street
Des Moines, IA 50391-1100

Robert P. O'Hollearn

1601 Exposition Blvd.
Sacramento, CA 95815

B. OFFICERS

President: W. Kim Austen

Address: 1100 Locust Street
Des Moines, IA 50391-1100

Vice President: Rae Ann Dankovic

Address: 1100 Locust Street
Des Moines, IA 50391-1100

Secretary: Robert W. Horner, III

Address: One Nationwide Plaza, Columbus, OH 43215

Treasurer: Wendell P. Crosser

Address: 1100 Locust Street, Des Moines, IA 50391-1100

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Rae Ann Dankovic

(Signature of Director or Officer listed in number 12 of the application)

14. Rae Ann Dankovic, VP-Assoc General Counsel & Assistant Secretary

(Typed or printed name and capacity of person signing application)

IOWA

Date: 08/22/2007

SECRETARY OF STATE

490 DP-000089535
DEPOSITORS INSURANCE COMPANY
ALLIED INSURANCE
ATTN: JOYCE GILLASPIE
1100 LOCUST ST., DEPT. 0301
DES MOINES, IA 503910301

CERTIFICATE OF EXISTENCE

Name: DEPOSITORS INSURANCE COMPANY
Date of Incorporation: 08/24/1983
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE



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