

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005149

FILED
Apr 14, 2010
Secretary of State

Entity Name: ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 503911100

New Principal Place of Business:

Current Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 503911100

New Mailing Address:

FEI Number: 42-6054959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER OF FLORIDA
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDIR
Name: AUSTEN, W. KIM
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SVP
Name: HORNER III, ROBERT W
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: TD
Name: CROSSER, WENDELL P
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SVP
Name: BIESECKER, PAMELA A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SVP
Name: DICKSON, ROBERT J
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SVP
Name: MORAN, GREGORY S
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

I hereby 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 all other like empowered.

SIGNATURE: ANNE MEYER

POA

04/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date