

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90078 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P06971

1. Corporation Name
TIG COUNTRYWIDE INSURANCE COMPANY



Principal Place of Business Mailing Address
70 W MICHIGAN AVE ONE NATIONWIDE PLAZA
BATTLE CREEK MI 49017 COLUMBUS OH 43216
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1985

4. FEI Number Applied For
95-2130882 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 701 5th Avenue 26 701 5th Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 Des Moines, Iowa 28 Des Moines, Iowa

Zip Country Zip Country
24 50391-2000 25 US 29 50391-2000 30 US

9. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL, PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	CPD, G <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCFERSON, DIMON R	1.2 NAME	Barnes, Galen R.
STREET ADDRESS	ONE NATIONWIDE PLAZA	1.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	COLUMBUS OH 43216	1.4 CITY-ST-ZIP	Columbus, OH 43216
TITLE	CPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABTREE, RICHARD D	2.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKLEY, ROBERT A	3.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLICK, DENNIS W	4.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUEN, W SIDNEY	5.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DUANE M	6.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis W Click* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President and Secretary
 Date: 04/29/99 Daytime Phone #: (614) 249-7531

CR2E034 (11/98)