

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90024 035 ***150.00

0807335 AT

DOCUMENT # P06971
 1. Entity Name
NATIONWIDE INSURANCE COMPANY OF AMERICA

| | |
|--|--|
| Principal Place of Business 701- 5TH AVE DES MOINES IA 50391-2000 US | Mailing Address 701- 5TH AVE DES MOINES IA 50391-2000 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 95-2130882 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JURGENSEN, W G ONE NATIONWIDE PLAZA COLUMBUS OH 43215 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BARNES, GALEN R ONE NATIONWIDE PLAZA COLUMBUS OH 43216 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD OAKLEY, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS OH 43216 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS OH 43215 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT BUTLER, LYNDA M 701 5TH AVE DES MOINES IA 50391-2000 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RASMUSSEN, STEPHEN S 701 5TH AVE DES MOINES IA 50391-2000 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D V David K Hollingsworth One Nationwide Plaza Columbus, OH 43215 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Oakley, Robert A One Nationwide Plaza Columbus, OH 43215 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert M. Parsons* **REQUIRED** **Robert M. Parsons** **1/16/02** **515-280-4445**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)

CK# 8196039

Attachment to Document #P06971

Attachment
P06971
723266

12. Additional Nationwide Insurance Company of America Officers:

All of the Officers below are at One Nationwide Plaza, Columbus, OH 43215

Donna A. James, Executive Vice President-Chief Administrative Officer

Robert J. Woodward, Jr., Executive Vice President-Chief Investment Officer

Patricia R. Hatler, Senior Vice President and General Counsel

Edwin P. McCausland, Jr., Senior Vice President-Fixed Income Securities

Alan A. Todryk, Vice President-Taxation

All of the Officers below are at 701 5th Avenue, Des Moines, IA 50391

Wesley K. Austen, Senior Vice President-Product Development

James R. Burke, Vice President-Operations

Daniel D. Ellett, Vice President-Personal Lines Underwriting

James J. Hagenbucher, Vice President-Marketing

Steven P. Larsen, Vice President-Claims

Susan J. McGinness, Vice President-Human Resources

Robert M. Parsons, Vice President-Associate General Counsel and Assistant Secretary

Douglas R. Pearson, Vice President-Commercial Lines Underwriting

Larry W. Phillips, Vice President-Commercial Lines Marketing

All of the Officers below are at 70 West Michigan Avenue, Battlecreek, MI 49017

Ralph F. Krause, Jr., Vice President-Regional Operations

David Rowlands, Jr., Vice President-Regional Operations

Attachment
P06971
733266

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12. Additional Nationwide Insurance Company of America Directors:

All of the Directors below are at One Nationwide Plaza, Columbus, OH 43215

David R. Jahn

Gale V. King

George N. McKinnon

Michael D. Miller

Kathleen D. Ricord

Douglas C. Robinette

Richard M. Waggoner