

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0667659 AB

04-14-2003 90061 007 \*\*\*150.00

**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



2. Principal Place of Business  
1100 Locust Street

3. Mailing Address  
1100 Locust Street

City & State  
Des Moines, IA

City & State  
Des Moines, IA

4. FEI Number **95-2130882**

Applied For  
 Not Applicable

Zip **50391-2000** Country **USA**

Zip **50391-2000** Country **USA**

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**CK# 8385581**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLLINGSWORTH, DAVID ONE NATIONWIDE PLAZA COLUMBUS OH 43215	<input 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	V OAKLEU, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS OH 43215	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Assoc Gen Counsel & AS Robert M. Parsons 1100 Locust Street Des Moines, IA 50391-0301	<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	VP-Associate Gen Director 1100 Locust Street Des Moines, IA 50391-2000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 Locust Street Des Moines, IA 50391-2000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert M. Parsons Robert M. Parsons **4/9/03** 515-508-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

10069394  
PO6971

4. 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

Patricia R. Hatler, Senior Vice President and General Counsel

Alan A. Todryk, Vice President-Taxation

**All of the Officers below are at 1100 Locust Street, Des Moines, IA 50391**

W. Kim Austen, Senior Vice President-Product Development

James R. Burke, Vice President-Operations

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Wendell P. Crosser, Vice President and Assistant Treasurer

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

Douglas R. Pearson, Vice President-Commercial Lines Underwriting

Larry W. Phillips, Vice President-Commercial Lines Marketing

Scott M. Schoenborn, Vice President-Agricultural Underwriting

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

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

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4. Additional Nationwide Insurance Company of America Directors:

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

David R. Jahn

Kathleen D. Ricord

Gale V. King

Douglas C. Robinette

George N. McKinnon

Richard M. Waggoner

Michael D. Miller