

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90025 016 \*\*\*150.00

DOCUMENT # **P33031**

1. Corporation Name

**ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY**

Principal Place of Business

**701 FIFTH AVENUE  
DES MOINES IA 50391-2000  
US**

Mailing Address

**701 FIFTH AVENUE  
DES MOINES IO 50391-2000  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/05/1991**

4. FEI Number

**42-1201931**

Applied For  
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

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 607.0501 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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **CALLISON, JAMES**  
CITY-STATE-ZIP **1436 EAST OVID  
DES MOINES IA**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D/P/CEO**  
1.3 STREET ADDRESS **Douglas L. Andersen CEO=Chief Executive Officer**  
1.4 CITY-STATE-ZIP **701 5th Avenue  
Des Moines, IA 50391-2000**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **COLBY, CHARLES I**  
CITY-STATE-ZIP **909 ASHWORTH RD  
DES MOINES IA**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D/C**  
2.3 STREET ADDRESS **Dimon R. McFerson**  
2.4 CITY-STATE-ZIP **One Nationwide Plaza  
Columbus, OH 43215**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **EVANS, HAROLD S**  
CITY-STATE-ZIP **5220 5TH AVENUE  
PITTSBURGH PA**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D/Exec. V /CFO**  
3.3 STREET ADDRESS **Robert A. Oakley CFO=Chief Financial Officer**  
3.4 CITY-STATE-ZIP **One Nationwide Plaza  
Columbus, OH 43215**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **TAYLOR, JOHN P**  
CITY-STATE-ZIP **500 SW 7TH STREET  
DES MOINES IA**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **T/V**  
4.3 STREET ADDRESS **Lynda M. Butler**  
4.4 CITY-STATE-ZIP **701 5th Avenue  
Des Moines, IA 50391-2000**

TITLE ☒ DELETE  
NAME **S**  
STREET ADDRESS **MALLOY, SALLY J.**  
CITY-STATE-ZIP **701 FIFTH AVE.  
DES MOINES IA 50391**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **S/V**  
5.3 STREET ADDRESS **Dennis W. Click**  
5.4 CITY-STATE-ZIP **One Nationwide Plaza  
Columbus, OH 43215**

TITLE ☒ DELETE  
NAME **T**  
STREET ADDRESS **SHAFFER, JAMIE H.**  
CITY-STATE-ZIP **701 FIFTH AVENUE  
DES MOINES IA**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **Sr. V/CIO**  
6.3 STREET ADDRESS **Robert J. Woodward, Jr. CIO=Chief Investment Officer**  
6.4 CITY-STATE-ZIP **One Nationwide Plaza  
Columbus, OH 43215**

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-99**

**515-280-8855**

CR2E034 (1/98)

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