

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33031

FILED  
Apr 06, 2007  
Secretary of State

**Entity Name:** ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

1100 LOCUST ST.  
DES MOINES, IA 503911100 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 LOCUST ST.  
DES MOINES, IA 503911100 US

**New Mailing Address:**

**FEI Number:** 42-1201931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: DC ( ) Delete  
Name: RASMUSSEN, STEPHEN S  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215

Title: VAS ( ) Delete  
Name: DANKOVIC, RAE ANN  
Address: 1100 LOCUST STREET  
City-St-Zip: DES MOINES, IA 503910301

Title: AVPS ( ) Delete  
Name: SODEN, GLENN W  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215

Title: DP ( ) Delete  
Name: AUSTEN, W KIM  
Address: 1100 LOCUST ST.  
City-St-Zip: DES MOINES, IA 503911100

Title: D ( ) Delete  
Name: BURKE, JAMES R  
Address: ONE NATIONWIDE PLAZA  
City-St-Zip: COLUMBUS, OH 43215

Title: DVT ( ) Delete  
Name: CROSSER, WENDELL P  
Address: 1100 LOCUST ST.  
City-St-Zip: DES MOINES, IA 503911100

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAE ANN DANKOVIC

VAS

04/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date