H05000001324

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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<u> </u>	Office Use Only	11111



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SECRETARY

2005 MAR - 1 AM 11: 22

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	- 	
SUBJECT: Nationwide Atlantic Insurance Company		
(Name of corporation - must include suffix)	*************************************	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Fluid Certificate of Existence," and check are submitted to register the above referenced foreign corporations to transact business in Florida.	orida," poration to	
Please return all correspondence concerning this matter to the following:		
Robert L. Gray, Senior Paralegal		
(Name of Person)		
Nationwide Mutual Insurance Company		
(Firm/Company)	7000 7.1.E	
One Nationwide Plaza (MS: 1-35-16)	58 3 7	
(Address)	() 1 gm	
Columbus Obj 0 432152220	SERV	
Columbus, Ohio 43215-2220 (City/State and Zip code)		
(0.1), 0.111	MIII: 22	
For further information concerning this matter, please call:	22 1115	
7.4. 0. 240 5602		
Robert Gray at (614) 249-5602 (Name of Person) (Area Code & Daytime Telephone Number)		
(Titalic of Telesca)		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section	- · · · - · ·	
Division of Corporations Division of Corporations		
409 E. Gaines St. Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Certified	e of Status &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. NATIONWIDE ATLANTIC INSURANCE COM	
(Enter name of corporation; must include "INCORPORAT	TED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name imagailable in Florida, enter alternate cornorate n	ame adopted for the purpose of transacting business in Florida)
(If hanc unavariable in Florida, chief alcornace corporate in	iame adopted for the purpose of transacting dusiness in Florida)
2. OHIO	3. 27-0114983
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 16th Day of February, APD. 2005	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6 Not Applicable.	
(Date first transacted busin	less in Florida, if prior to registration)
	07.1502, F.S., to determine penalty liability)
7 One Nationwide Plaza Columbus, C	он 43215-2220
(Principal office	1
•	,
One Nationwide Plaza; Attn: Roger	Craig, 1-35-16; Columbus, OH 43215-2220
(Current mailing	g address)
	Σ S
8. Personal line residential property i	insurance.
(Purpose(s) of corporation authorized in home state	or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent:	
7. Name and <u>succestaddress</u> of Florida registered agent.	
Name: C T CORPORATION SYSTEM	
Office Address: 1200 SOUTH FINE ISLAND RO	OAD 22
PLANTATION	, Florida 33324
(City)	(Zip code)
· • • • • • • • • • • • • • • • • • • •	· -

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Timothy Roberson

(Registered agent's signature)

Assistant Secretary

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS	S
Chairman:	DOUGLAS C. ROBINETTE
Address:	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220
Vice Chairman:	RICHARD WAGGONER
Address:	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220
Director:	KELLY A. HAMILTON
Address:	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220
Director:	J. LYNN GREENSTEIN
Address:	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220
B. OFFICERS	
President:	DOUGLAS C. ROBINETTE
Address:	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220
Vice President:	ROBERT A. ROSHOLT
Address:	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220
Secretary:	GLENN W. SODEN
Address:	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220
Treasurer:	CAROL L. DOVE
Address:	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220
NOTE: If neces	sary, you may attach an addendum to the application listing additional officers and/or directors.
يز.13	(Signature of Director or Officer listed in number 12 of the application)
14	GLENN W. SODEN, ASSOCIATE VICE PRESIDENT AND SECRETARY (Typed or printed name and capacity of person signing application)

Nationwide Atlantic Insurance Company Organization Depiction—Supplement no. 1

NAIC:

FEIN:

27-0114983

President

Executive V.P. and General Counsel

Executive V.P.—Chief Administrative Officer

Executive V.P.—Chief Finance and Investment Officer

Senior V.P.—Marketing, Strategy and Urban Operations

Senior V.P.—PC Finance

Senior V.P.—Property and Casualty Claims

Vice President—Exclusive Channel Sales

Vice President—Regional V.P.—Florida Operations

Vice President

Vice President and Assistant Secretary

Vice President and Treasurer

Vice President—Taxation

Associate Vice President and Secretary

Assistant Secretary Assistant Treasurer

Assistant Treasurer

Douglas C. Robinette

Patricia R. Hatler

Terri L. Hill

Robert A. Rosholt Katherine A. Mabe

Kelly A. Hamilton

David R. Jahn

R. Lee Morton, Jr.

Jeff M. Rommel

Brenda L. Ross-Mathes

Thomas E. Barnes

Carol L. Dove

Alan A. Todryk

Glenn W. Soden

John F. Delaloye

J. Morgan Elliott

Daniel J. Murphy, Jr.

Directors:

J. Lynn Greenstein Kelly A. Hamilton David R. Jahn Douglas C. Robinette Richard M. Waggoner

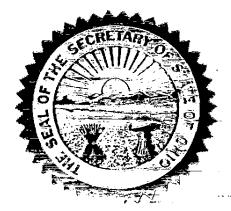
**PLEASE NOTE: ALL OFFICERS AND DIRECTORS LISTED ABOVE FOR THIS COMPANY MAY BE REACHED THROUGH THE MAILING ADDRESS AND PRINCIPAL ADDRESS WHICH IS AS FOLLOWS;

> NATIONWIDE ATLANTIC INSURANCE COMPANY ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43215-2220



UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show NATIONWIDE ATLANTIC INSURANCE COMPANY, an Ohio Corporation, Charter No. 1519361, having its principal location in Columbus, County of Franklin, was incorporated on February 16, 2005, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of February, A.D. 2005.

Ohio Secretary of State

Validation Number: 200505601766