

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810576

Entity Name: NATIONWIDE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

Current Mailing Address:

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215 US

FEI Number: 31-4177100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name RASMUSSEN , STEPHEN S.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title EVP
Name MILLER , MICHAEL D.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title SVP
Name FROMMEYER , TIMOTHY G.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title VP, SECRETARY
Name HORNER, ROBERT W. III
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title TREASURER
Name LAPAUL, DAVID
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W. HORNER III

VP, SECRETARY

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date