## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 814115** 

**Entity Name: NATIONWIDE GENERAL INSURANCE COMPANY** 

FILED
Apr 02, 2019
Secretary of State
0592882696CC

## **Current Principal Place of Business:**

ONE WEST NATIONWIDE BOULEVARD

COLUMBUS, OH 43215

## **Current Mailing Address:**

ONE WEST NATIONWIDE BOULEVARD COLUMBUS, OH 43215 US

FEI Number: 31-4425763 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 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 DIRECTOR, PRESIDENT, CHIEF

OPERATING OFFICER

Name BERVEN, MARK A.

Address ONE WEST NATIONWIDE

**BOULEVARD** 

City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR

Name ARANGO, DAVID G.

Address ONE WEST NATIONWIDE

BOULEVARD

City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR

Name SHORE, AMY T.

Address ONE WEST NATIONWIDE

**BOULEVARD** 

City-State-Zip: COLUMBUS OH 43215

Title TREASURER

Name BUEHLER, ROBERT A.

Address ONE WEST NATIONWIDE

**BOULEVARD** 

City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR

Name LEACH, MICHAEL P.

Address ONE WEST NATIONWIDE

**BOULEVARD** 

City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR

Name THRESHER, MARK R.

Address ONE WEST NATIONWIDE

BOULEVARD

City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR

Name SMITH, ERIC E.

Address ONE WEST NATIONWIDE

BOULEVARD

City-State-Zip: COLUMBUS OH 43215

Title SECRETARY

Name SKINGLE, DENISE L.

Address ONE WEST NATIONWIDE

BOULEVARD

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: DENISE L. SKINGLE

**SECRETARY** 

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date