

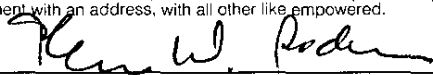


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90016 050 ***150.00

DOCUMENT # 810578 1. Entity Name NATIONWIDE MUTUAL FIRE INSURANCE COMPANY					
Principal Place of Business ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 US			Mailing Address ONE NATIONWIDE PLAZA COLUMBUS, OH 43216- US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. Roger Craig, 1-35-16			
City & State Zip 43215-2220		City & State Columbus, Ohio Zip 43215-2220		4. FEI Number 31-4177110 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JURGENSEN, W.G. <input type="checkbox"/> Delete ONE NATIONWIDE PLAZA COLUMBUS, OH 43216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Columbus, OH 43215-2220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS HATLER, PATRICIA R <input type="checkbox"/> Delete ONE NATIONWIDE PLAZA COLUMBUS, OH 43216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Columbus, OH 43215-2220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIETRICH, THOMAS W <input checked="" type="checkbox"/> Delete ONE NATIONWIDE PLAZA COLUMBUS, OH 43216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHISLER, ARDEN L <input type="checkbox"/> Delete ONE NATIONWIDE PLAZA COLUMBUS, OH 43216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Columbus, OH 43215-2220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Rasmussen, Stephen S. One Nationwide Plaza Columbus, Ohio 43215-2220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Patterson, James F. One Nationwide Plaza Columbus, Ohio 43215-2220	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-15-04 (614) 249-7111 <small>Date Daytime Phone #</small>		

Glenn W. Soden, Associate Vice President & Assistant Secretary