

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850328

FILED
Apr 14, 2010
Secretary of State

Entity Name: NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

New Principal Place of Business:

Current Mailing Address:

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

New Mailing Address:

FEI Number: 31-0970750

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: P
Name: PIZZI, MARK A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SEC
Name: HORNER, JR., ROBERT W
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: T
Name: HALLOWELL, HARRY H
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SVP
Name: BIESECKER, PAMELA A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: DIR
Name: GREENSTEIN, J.LYNN D
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: VPAT
Name: DOVE, CAROL L
Address: ONE NATIONWIDE PLAZA
City-St-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: ANNE MEYER

POA

04/14/2010

Electronic Signature of Signing Officer or Director

Date