2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State
01-31-2006 90011 013 ***150.00

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1. Entity Name
NATIONWIDE ATLANTIC INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Nationwide Mutual Insurance Company
Attn: Roger Craig (1-35-16)
Columbus, OH 43215

01092006 Chg-P CR2E034 (11/05)

Zip	Country	Zip	Country

4. FEI Number
27-0114983
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CP ROBINETTE, DOUGLAS C ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC WAGGONER, RICHARD ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, KELLY A ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENSTEIN, J LYNN ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSHOLT, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP-CFO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP-S	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Glenn W. Soden GLENN W. SODEN AVP-SEC JAN 26 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #