
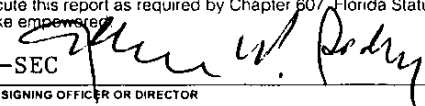


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90056 014 ***150.00

DOCUMENT # F98000006441 1. Entity Name NATIONWIDE INSURANCE COMPANY OF FLORIDA					
Principal Place of Business ONE NATIONWIDE PLAZA COLUMBUS, OH 43215-2220			Mailing Address ONE NATIONWIDE PLAZA ROGER CRAIG, 1-35-16 COLUMBUS, OH 43216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052007 Chg-P CR2E034 (12/06)	
City & State		JOHN JACKSON 1-35-19 City & State		4. FEI Number 31-1613686	
Zip		Country		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 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 _____ <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, 2007 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	EVPC <input type="checkbox"/> Delete ROSHOLT, ROBERT A ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV <input checked="" type="checkbox"/> Delete JAHN, DAVID R ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EILEEN A. MALLESCH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input type="checkbox"/> Delete DOVE, CAROL L ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVS <input type="checkbox"/> Delete SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete ROBINETTE, DOUGLAS C ONE NATIONWIDE PLAZA COLUMBUS, OH 432152220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KIRT A. WALKER ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.					
SIGNATURE: GLENN W. SODEN AVP-SEC  JAN 11 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					