

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006441

FILED
Apr 16, 2012
Secretary of State

Entity Name: NATIONWIDE INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

1100 LOCUST ST.
DES MOINES, IA 503911100

New Principal Place of Business:

1100 LOCUST ST.
DES MOINES, IA 503911100 US

Current Mailing Address:

1100 LOCUST ST.
DES MOINES, IA 503911100

New Mailing Address:

1100 LOCUST ST.
DES MOINES, IA 503911100 US

FEI Number: 31-1613686

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

OFFICERS AND DIRECTORS:

Title: D
Name: ROMMEL, JEFF M D
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: VPS
Name: HORNER, III, ROBERT W VPS
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

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

Title: DIR
Name: AUSTEN, W. KIM DIR
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

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: LAURA LOUIS

POA

04/16/2012

Electronic Signature of Signing Officer or Director

Date