


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P33031</b> 1. Entity Name <b>ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY</b>	
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<b>Principal Place of Business</b> 1100 LOCUST ST. DES MOINES, IA 50391-2000 US	<b>Mailing Address</b> 1100 LOCUST ST. DES MOINES, IA 50391-2000 US
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04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1201931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC RASMUSSEN, STEPHEN S ONE NATIONWIDE PLAZA COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PARSONS, ROBERT M 1100 LOCUST STREET DES MOINES, IA 503910301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPS SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WALKER, KIRT A 1100 LOCUST ST. DES MOINES, IA 503911100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD AUSTEN, W. KIM 1100 LOCUST STREET DES MOINES, IA 503912000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CROSSER, WENDELL P 1100 LOCUST ST. DES MOINES, IA 503911100

1000000328034  
04/25/05-80060-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Robert M. Parsons  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert M. Parsons

4/14/05 515-508-4445  
Date Daytime Phone #