2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# P33031

Entity Name: ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

1100 LOCUST ST.
DES MOINES, IA 503911100 US

New Principal Place of Business:

Current Mailing Address:

1100 LOCUST ST.
DES MOINES, IA 503911100 US

New Mailing Address:

FEI Number: 42-1201931 **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:	DC	( ) Delete
Name:	RASMUSSEN, STEPHEN S	
Address:	ONE NATIONWIDE PLAZA	
City-St-Zip:	COLUMBUS, OH 43215	
Title:	VAS	( ) Delete
Name:	DANKOVIC, RAE ANN	
Address:	1100 LOCUST STREET	
City-St-Zip:	DES MOINES, IA 503910301	
Title:	AVPS	( ) Delete
Name:	SODEN, GLENN W	
Address:	ONE NATIONWIDE PLAZA	
City-St-Zip:	COLUMBUS, OH 43215	
Title:	DP	( ) Delete
Name:	AUSTEN, W KIM	
Address:	1100 LOCUST ST.	
City-St-Zip:	DES MOINES, IA 503911100	
Title:	D	( ) Delete
Name:	BURKE, JAMES R	
Address:	ONE NATIONWIDE PLAZA	
City-St-Zip:	COLUMBUS, OH 43215	
Title:	DVT	( ) Delete
Name:	CROSSER, WENDELL P	
Address:	1100 LOCUST ST.	
City-St-Zip:	DES MOINES, IA 503911100	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	HORNER, ROBERT W III	
Address:	ONE NATIONWIDE PLAZA	
City-St-Zip:	COLUMBUS, OH 43215	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAE ANN DANKOVIC V 04/15/2008

Electronic Signature of Signing Officer or Director — Date