

1.) CORPORATION NAME:

NATIONAL CASUALTY COMPANY

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0019408**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8877 North Gainey Center Dr.

CITY/ST/ZIP: Scottsdale, AZ 85258

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	Michael D. Miller	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Robert W Horner, III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Michael P. Leach	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Pamela A. Biesecker	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Gary L. Tjepelman	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Kenneth A. Levine	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Doreen K. Reinke DIRECTOR One Nationwide Plaza Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Robert WHorner, III <hr/> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Robert WHorner, III, <hr/> PRINTED NAME AND CORPORATE TITLE	12/13/2013 <hr/> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			