

1.) CORPORATION NAME:

NATIONWIDE GENERAL INSURANCE COMPANY

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0150120**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE NATIONWIDE PLAZA

CITY/ST/ZIP: COLUMBUS, OH 43215

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.

<p>NAME: MARK A PIZZI TITLE: PRESIDENT ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID LAPAUL TITLE: SVP/TREAS ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAMELA A BIESECKER TITLE: SVP ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Scott E. Failor TITLE: SVP ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: HARRY H HALLOWELL TITLE: SVP ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT W HORNER III TITLE: SECRETARY ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DAVID A BANO TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK A BERVEN TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL P LEACH TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK R THRESHER TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: 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 W HORNER III _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W HORNER III, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	7/15/2013 _____ 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.		