

1.) CORPORATION NAME:

VICTORIA FIRE & 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: **F0602294**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5915 Landerbrook Drive

CITY/ST/ZIP: Mayfield Heights, OH 44124

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: David G. Arango TITLE: PRESIDENT ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert W Horner, III TITLE: SECRETARY ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Wendell P. Crosser TITLE: TREASURER ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Pamela A Biesecker TITLE: SVP ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: W. Kim Austen TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Todd M. Davis 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
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NAME: Michael A. Lex TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	Robert WHorner, III,	12/13/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.