

1.) CORPORATION NAME:

VICTORIA AUTOMOBILE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **4/29/2011**

SCC ID NO: **F1335399**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
IN

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.

NAME: PAMELA A BIESECKER
TITLE: SR VP
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: ROBERT W. HORNER, III
TITLE: VP/SECRETARY
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: CARRIE A. HALL
TITLE: ASST SECRETARY
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: WENDELL P CROSSER
TITLE: VP/TREASURER
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: W. KIM AUSTEN
TITLE: DIRECTOR
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: MARTHA L FRYE 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: 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
NAME: MARK A PIZZI TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC E. SMITH TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATHERINE A MABE TITLE: PRES/COO ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" 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, _____ VP/SECRETARY PRINTED NAME AND CORPORATE TITLE
_____ DATE	
2/22/2011	
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.	