

1.) CORPORATION NAME:

VICTORIA AUTOMOBILE INSURANCE COMPANY

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1335399**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 251 East Ohio Street, Suite 500

CITY/ST/ZIP: Indianapolis, IN 46204

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
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:	SR VP		
ADDRESS:	ONE NATIONWIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	WENDELL P. CROSSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
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:	VP/SEC		
ADDRESS:	ONE NATIONWIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	W. KIM AUSTEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE NATIONWIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MARTHA L. FRYE	<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:	MICHAEL P. LEACH DIRECTOR ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A. LEX DIRECTOR ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A. PIZZI DIRECTOR ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC E. SMITH 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 W. HORNER, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W. HORNER, III, VP/SEC PRINTED NAME AND CORPORATE TITLE	3/31/2013 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.			