



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

Nationwide Insurance Company of Florida

NAIC Group Code 0140 (Current) 0140 (Prior) NAIC Company Code 10948 Employer's ID Number 31-1613686

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Incorporated/Organized 08/18/1998 Commenced Business 08/18/1998

Statutory Home Office One West Nationwide Blvd. (Street and Number) Columbus, OH 43215-2220 (City or Town, State and Zip Code)

Main Administrative Office 1100 Locust Street (Street and Number) Des Moines, IA 50391-1100 (City or Town, State and Zip Code) 614-249-7111 (Area Code) (Telephone Number)

Mail Address One West Nationwide Blvd., 1-04-701 (Street and Number or P.O. Box) Columbus, OH 43215-2220 (City or Town, State and Zip Code)

Primary Location of Books and Records One West Nationwide Blvd., 1-04-701 (Street and Number) Columbus, OH 43215-2220 (City or Town, State and Zip Code) 614-249-1545 (Area Code) (Telephone Number)

Internet Web Site Address www.nationwide.com

Statutory Statement Contact Arlene E. Swanson (Name) 614-249-1545 (Area Code) (Telephone Number) FinRpt@nationwide.com (E-mail Address) 866-315-1430 (FAX Number)

OFFICERS

President Lisa Eden Gobber VP & Treasurer Wendell Paul Crosser

VP & Secretary Robert William Horner III

OTHER

Pamela Ann Biesecker Sr VP-Head of Taxation

DIRECTORS OR TRUSTEES

David Gerard Arango Wesley Kim Austen Mark Allen Berven

Martha Lovette Frye Jeff Millard Rommel

State of Ohio SS:

County of Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Lisa Eden Gobber President Robert William Horner, III VP & Secretary Wendell Paul Crosser VP & Treasurer

Subscribed and sworn to before me this April, 2012 day of

a. Is this an original filing? Yes [X] No []

b. If no, 1. State the amendment number..... 2. Date filed 3. Number of pages attached.....

STATEMENT AS OF MARCH 31, 2012 OF THE NATIONWIDE INSURANCE COMPANY OF FLORIDA

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13											
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2012 Loss and LAE Payments on Claims Reported as of Prior Year-End	2012 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2012 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)											
1. 2009 + Prior	17,151	7,333	24,484	4,256	48	4,304	13,831	863	6,013	20,707	936	(409)	527											
2. 2010	9,515	4,604	14,119	2,181	117	2,298	7,335	545	4,024	11,904	1	82	83											
3. Subtotals 2010 + Prior	26,666	11,937	38,603	6,437	165	6,602	21,166	1,408	10,037	32,611	937	(327)	610											
4. 2011	9,588	7,585	17,173	4,663	1,028	5,691	5,563	1,352	4,788	11,703	638	(417)	221											
5. Subtotals 2011 + Prior	36,254	19,522	55,776	11,100	1,193	12,293	26,729	2,760	14,825	44,314	1,575	(744)	831											
6. 2012	XXX	XXX	XXX	XXX	2,443	2,443	XXX	1,764	2,854	4,618	XXX	XXX	XXX											
7. Totals	36,254	19,522	55,776	11,100	3,636	14,736	26,729	4,524	17,679	48,932	1,575	(744)	831											
8. Prior Year-End Surplus As Regards Policyholders	278,192											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7										
												1. 4.3	2. (3.8)	3. 1.5										
													Col. 13, Line 7 As a % of Col. 1 Line 8		4. 0.3									