

No. C 204127		Due no later than Nov 30, 2017		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ON YOUR SIDE NATIONWIDE INSURANCE AGENCY, INC. 1100 LOCUST STREET DES MOINES IA 50391		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MARK A BERVEN	ONE NATIONWIDE PLAZA	COLUMBUS	OH		43215
SECRETARY	ROBERT W HORNER III	ONE NATINWIDE PLAZA	COLUMBUS	OH		43215
DIRECTOR	JOHN M THRASHER	ONE NATIONWIDE PLAZA	COLUMBUS	OH	USA	43215
DIRECTOR	MARK A BERVEN	ONE NATIONWIDE PLAZA	COLUMBUS	OH	USA	43215
DIRECTOR	MICHAEL P LEACH	ONE NATIONWIDE PLAZA	COLUMBUS	OH	USA	43215
DIRECTOR	AMY T SHORE	ONE NATIONWIDE PLAZA	COLUMBUS	OH	USA	43215
TREASURER	MICHAEL P LEACH	ONE NATIONWIDE PLAZA	COLUMBUS	OH	USA	43215
5. Organized Under the Laws of: OH C 204127		6. Annual Report must be signed.* Signature: ROBERT W. HORNER, III Name (type or print): ROBERT W. HORNER, III Date: 11/21/2017 Title: SECRETARY				
Processed 11/21/2017		* Electronically provided signatures are accepted as original signatures.				