

No. C 204127		Due no later than Nov 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
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	
VICE PRESIDENT	PAMELA A BIESECKER (SVP-HEAD OF TAX)	ONE NATIONWIDE PLAZA	COLUMBUS	OH	USA	43215	
TREASURER	MICHAEL P LEACH	ONE NATIONWIDE PLAZA	COLUMBUS	OH	USA	43215	
PRESIDENT	AMY T SHORE	ONE NATIONWIDE PLAZA	COLUMBUS	OH	USA	43215	
SECRETARY	ROBERT W HORNER III	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: 11/18/2015 Title: Secretary					

Processed 11/18/2015

* Electronically provided signatures are accepted as original signatures.