



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

For Office Use Only

-FILED-

File #: 0003307738

Date Filed: 10/11/2018 8:40:00 AM

1. The name of the entity is: INSURANCE INTERMEDIARIES, INC.
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)	
4. Jurisdiction of formation: Ohio
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
One Nationwide Plaza, 1-38-401
 (Street Address)
Columbus, OH 43215
 (Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
One Nationwide Plaza, 1-38-401
 (Street Address)
Columbus, OH 43215
 (Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

 (Address)
8. The name of the registered agent and street address of registered agent in Idaho:
Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
 (Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Denise L. Skingle</u>	<u>VP & Secretary</u>	<u>One Nationwide Plaza, 1-38-401, Columbus, OH 43215</u>
(Name)	(Capacity)	(Address)
<u>see attached</u>		
(Name)	(Capacity)	(Address)

Signature: _____

Typed Name: Denise L. Skingle

Capacity: Vice President & Secretary

Secretary of State use only

DIRECTORS

Business Address for all Directors:

One Nationwide Plaza, Columbus, OH 43215

Gutierrez, Melissa D.

Pelecky, Marcy R.

Shore, Amy T.

OFFICERS

Business Address for all Officers:

One Nationwide Plaza, Columbus, OH 43215

Senior Vice President-Head of Taxation	Blesecker, Pamela A.
Vice President and Treasurer	Buehler, Robert A.
Associate Vice President and Assistant Treasurer	Conner, David A.
Vice President and Assistant Treasurer	Dwyer, Timothy J.
President	Gutierrez, Melissa D.
Assistant Treasurer	Hacker, Hope C.
Associate Vice President and Assistant Secretary	Hartman, Mark E.
Assistant Secretary	Hinze, Keith W.
Executive Vice President-Chief Administrative Officer	King, Gale V.
Associate Vice President-Brokerage Placement	Pelecky, Marcy R.
Associate Vice President and Assistant Secretary	Richards, Kathy R.
Vice President and Secretary	Skingle, Denise L.
Associate Vice President and Assistant Treasurer	Zureich, Sarah E.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show INSURANCE INTERMEDIARIES, INC., an Ohio corporation, Charter No. 474143, having its principal location in Columbus, County of Franklin, was incorporated on November 24, 1975 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 9th day of October, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201828203196