

No. C 204127	Due no later than Nov 30, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	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
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
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: 10/04/2016 Title: SECRETARY			
Processed 10/04/2016		* Electronically provided signatures are accepted as original signatures.				