

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005951

FILED
Mar 21, 2009
Secretary of State

Entity Name: PLACER INSURANCE AGENCY, INC.

Current Principal Place of Business:

5 SIERRA GATE PLAZA
2ND FLOOR
ROSEVILLE, CA 95678

New Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 503911100

Current Mailing Address:

1100 LOCUST STREET
DEPT 0301
DES MOINES, IA 503910301

New Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 503911100

FEI Number: 39-1907217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: KLEKOWSKI, WALTER G
Address: 5 SIERRA GATE PLAZA 3RD FLOOR
City-St-Zip: ROSEVILLE, CA 95678

Title: P () Delete
Name: WALKER, STUART J
Address: 1100 LOCUST STREET
City-St-Zip: DES MOINES, IA 503912002

Title: D () Delete
Name: BURKE, JAMES R
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: D () Delete
Name: LEX, MICHAEL A
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: S () Delete
Name: HORNER, ROBERT W III
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: VTD () Delete
Name: CROSSER, WENDELL P
Address: 1100 LOCUST STREET
City-St-Zip: DES MOINES, IA 503912000

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: WALKER, STUART J PRE
Address: 1100 LOCUST STREET
City-St-Zip: DES MOINES, IA 503911100

Title: SVP (X) Change () Addition
Name: BIESECKER, PAMELA A SVP
Address: 1100 LOCUST STREET
City-St-Zip: DES MOINES, IA 503911100

Title: SECA (X) Change () Addition
Name: HORNER III, ROBERT W SECAVP
Address: 1100 LOCUST STREET
City-St-Zip: DES MOINES, IA 503911100

Title: TVPD (X) Change () Addition
Name: CROSSER, WENDELL P TREVDP
Address: 1100 LOCUST STREET
City-St-Zip: DES MOINES, IA 503911100

Title: CEVP (X) Change () Addition
Name: ROSHOLT, ROBERT A CFOEVP
Address: 1100 LOCUST STREET
City-St-Zip: DES MOINES, IA 503911100

Title: DIR (X) Change () Addition
Name: LEX, MICHAEL A DIR
Address: 1100 LOCUST STREET
City-St-Zip: DES MOINES, IA 503911100

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MEYER

POA

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date