

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005086

FILED
Apr 14, 2012
Secretary of State

Entity Name: DEPOSITORS INSURANCE COMPANY

Current Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 50391

New Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 50391 US

Current Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 50391

New Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 50391 US

FEI Number: 42-1207150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINNCIAL OFFICER OF FLORIDA
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: PDIR
Name: AUSTEN, W. KIM PDIR
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: SVP
Name: BIESECKER, PAMELA A SVP
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: VPS
Name: HORNER III, ROBERT W VPS
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: VPTD
Name: CROSSER, WENDELL P VPTD
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

Title: DIR
Name: BURKE, JAMES R DIR
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/14/2012

Electronic Signature of Signing Officer or Director

Date