

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 844658

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC6435232174**

**Entity Name:** NATIONWIDE ASSURANCE COMPANY

**Current Principal Place of Business:**

ONE WEST NATIONWIDE BLVD  
COLUMBUS, OH 43215

**Current Mailing Address:**

ONE WEST NATIONWIDE BLVD  
COLUMBUS, OH 43215 US

**FEI Number:** 95-0639970

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title SENIOR VICE PRESIDENT  
Name HANLEY, JENNIFER M.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title VP, TREASURER  
Name CROSSER, WENDELL P.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name BERVEN, MARK A.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title VP, SECRETARY  
Name HORNER, ROBERT W. III  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title PRESIDENT, DIRECTOR  
Name ARANGO, DAVID G.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name CRAWFORD, TROY J.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name DAVID, TODD M.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name LEACH, MICHAEL P.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

*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:** ROBERT W. HORNER, III

**SECRETARY**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date