

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005951

Entity Name: PLACER INSURANCE AGENCY, INC.

Current Principal Place of Business:

1100 LOCUST STREET
DES MOINES, IA 50391-1100

Current Mailing Address:

1100 LOCUST STREET
DES MOINES, IA 50391-1100 US

FEI Number: 39-1907217

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 VICE PRESIDENT-FINANCE,
TREASURER
Name CROSSER , WENDELL P.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name AUSTEN, KIM W
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

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

Title PRESIDENT, DIRECTOR
Name BAKER, GARY N
Address 1100 LOCUST STREET
City-State-Zip: DES MOINES IA 50391-1100

Title ASSOCIATE VICE PRESIDENT
Name KINDELT, KIRK M
Address 5 SIERRA GATE PLAZA, 2ND. FLR.
City-State-Zip: ROSEVILLE CA 95678

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: GARY N BAKER

PRESIDENT

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date