

2013 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:

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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-HEAD OF TAXATION
Name BIESECKER, PAMELA A.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

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

Title ASSISTANT SECRETARY
Name HARTMAN, MARK E.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name BURKE , JAMES R.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name LEX , MICHAEL A.
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: MARK E. HARTMAN

ASSISTANT SECRETARY 04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date