

**2015 FOREIGN PROFIT CORPORATION AMENDED 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 BERVEN, MARK A  
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

Title SENIOR VICE PRESIDENT  
Name BIESECKER, PAMELA 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: ROBERT W HORNER, III**

**SECRETARY**

**04/29/2015**

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

\_\_\_\_\_  
Date