

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005086

**FILED**  
**Jun 17, 2014**  
**Secretary of State**  
**CC4805614222**

**Entity Name:** DEPOSITORS INSURANCE COMPANY

**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:** 42-1207150

**Certificate of Status Desired:** No

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

CHIEF FINNCIAL OFFICER OF FLORIDA  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399 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            PRESIDENT, COO, DIRECTOR  
Name            AUSTEN, W. KIM  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

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

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

Title            SENIOR VICE PRESIDENT  
Name            BIESECKER, PAMELA A.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            SENIOR VICE PRESIDENT, DIRECTOR  
Name            CLARK, THOMAS E.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            O'HOLLEARN, ROBERT P.  
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

*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**

**06/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date