

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005086

FILED
Apr 27, 2016
Secretary of State
CC2167623285

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 BERVEN, MARK A
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 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 DIRECTOR
Name ARANGO, DAVID G.
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 DIRECTOR
Name ROMMEL, JEFF M
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name SMITH, ERIC E
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

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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

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASSOCIATE VICE PRESIDENT AND
ASSISTANT SECRETARY
Name RICHARDS, KATHY R.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title ASSOCIATE VICE PRESIDENT AND ASSISTANT
SECRETARY
Name SHAH, PARAG H
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215