

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005149

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC1267398861**

**Entity Name:** AMCO 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:** 42-6054959

**Certificate of Status Desired:** No

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

OFFICER, CHIEF FINANCIAL  
200 E. GAINES ST  
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:** CHIEF FINANCIAL OFFICER

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BERVEN, MARK A  
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            VP, TREASURER  
Name            CROSSER, WENDELL P.  
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            LEACH, MICHAEL P  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            CLARK, THOMAS E.  
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

*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**

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date