

8111158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

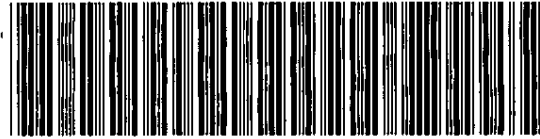
(Business Entity Name)

(Document Number)

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Office Use Only



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RECEIVED  
17 FEB -1 AM 11:23  
17 FEB -1 PM 4:13  
TAXI...

*Amel*

FEB 02 2017

R. WHITE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 475253 7206337

AUTHORIZATION :

*Spencer*

COST LIMIT : \$ 354.00

ORDER DATE : January 23, 2017

ORDER TIME : 12:47 PM

ORDER NO. : 475253-005

CUSTOMER NO: 7206337

FOREIGN FILINGS

NAME: NATIONWIDE ASSURANCE COMPANY

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

844658

\_\_\_\_\_  
(Document number of corporation (if known))

1. Nationwide Assurance Company

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Wisconsin

\_\_\_\_\_  
(Incorporated under laws of)

3. 11/20/1979

\_\_\_\_\_  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Ohio

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Mark E. Hartman

\_\_\_\_\_  
(Typed or printed name of person signing)

AVP & Asst. Secy.

\_\_\_\_\_  
(Title of person signing)

FEB - 1 AM 11:23

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF SECRETARY OF STATE

*I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of February, A.D. 2017.*

**Ohio Secretary of State**

*Jon Husted*

Validation Number:

201703202614



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/25/2016	201623800260	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	150.00	100.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY  
DEANNE E. SCHAUSEIL  
50 W. BROAD STREET  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
3933091**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**NATIONWIDE ASSURANCE COMPANY**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC FOR PROFIT CORP - ARTICLES**

Effective Date: 10/01/2016

Document No(s):

**201623800260**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
25th day of August, A.D. 2016.

**Ohio Secretary of State**



Form 532A Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) 532-FILE (877-767-3453)  
Central Ohio: (614) 466-3919

www.OhioSecretaryofState.gov  
business@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 419  
Columbus, OH 43216

Expedite Filing (non business day processing time)  
Require an additional \$100.00

P.O. Box 1389  
Columbus, OH 43216

**Initial Articles of Incorporation**  
**(For Profit, Domestic Corporation)**  
**Filing Fee: \$125**  
**(113 - ARF)**

CLIENT RECEIVED  
2016 AUG 24 PM 3:51  
RECEIVED STATE

First: Name of Corporation   
(Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

Second: Location of Principal office in Ohio  
City  State   
County

Effective Date (Optional)  (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)  
mm/dd/yyyy

Third: The number of shares which the corporation is authorized to have outstanding. (Please state if shares are common or preferred and their par value, if any.)  

<input type="text" value="See attached Exhibit A"/>	<input type="text"/>	<input type="text"/>
Number of Shares	Type	Par Value

Fourth: If the corporation is to have an initial stated capital, please state the amount of that stated capital.  
  
Amount:

**\*\*Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form.\*\***

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Nationwide Assurance Company hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

CSC-Lawyers Incorporating Service (Corporation Service Company)

Name

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

Zip Code

Must be signed by the incorporators or a majority of the incorporators

Mark Tomer

Signature

Signature

Signature

ACCEPTANCE OF APPOINTMENT

The Undersigned, CSC-Lawyers Incorporating Service (Corporation Service Company), named herein as the Statutory Agent Name

Statutory agent for Nationwide Assurance Company

Corporation Name

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

CSC-Lawyers Incorporating Service (Corporation Service Company)

Statutory Agent Signature By: Mark Tomer

Individual Agent's Signature/Signature on Behalf of Business Serving as Agent

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

*Mark A. Berven*

Signature

By

Mark A. Berven, President and Chief Operating Officer

Print Name

Signature

By

Print Name

Signature

By

Print Name



EXHIBIT A

ARTICLES OF INCORPORATION AND REDOMESTICATION

OF

NATIONWIDE ASSURANCE COMPANY

PREAMBLE: The document identifies the transaction as a redomestication subject to approval of the Superintendent of Insurance pursuant to Section 3913.40 of the Ohio Revised Code as it now exists or may hereafter be amended. On February 13, 1942, the Corporation was formed in the State of California and redomesticated to Wisconsin and is currently domiciled in Wisconsin. The Articles of Incorporation have been amended on May 12, 1981, September 14, 1984, March 28, 1997, April 4, 1997, July 15, 1997, February 2, 1998, April 30, 1999 and May 13, 1999.

FIRST: The name of the corporation shall be Nationwide Assurance Company.

SECOND: The principal office shall be located in Columbus, Franklin County, Ohio.

EFFECTIVE DATE: 10/01/2016

THIRD: The number of shares which the corporation is authorized to have outstanding is 2,000 shares of common stock, with a par value of \$2,000 per share.

FOURTH: The amount of paid-in capital with which the Corporation began business in Ohio was \$3,500,000. Effective March 31, 2016, the amount of surplus with which the Corporation began business in Ohio was \$61,121,886.

Effective Date: May 26, 1979  
Expiration Date: April 01, 2017

State of Ohio  
Department of Insurance  
Certificate of Authority

This is to Certify, that

**NATIONWIDE ASSURANCE COMPANY**

NAIC No. 10723

is authorized in Ohio to transact the business of insurance as defined in the following section(s) of the Ohio Revised Code:

**Section 3929.01 (A)**

Aircraft	Other Liability
Allied Lines	Private Passenger Auto - Liability
Boiler & Machinery	Private Passenger Auto - No Fault
Burglary & Theft	Private Passenger Auto - Physical Damage
Commercial Auto - Liability	Surety
Commercial Auto - No Fault	
Commercial Auto - Physical Damage	
Earthquake	
Fidelity	
Fire	
Glass	
Inland Marine	
Multiple Peril - Commercial	
Multiple Peril - Farmowners	
Multiple Peril - Homeowners	
Ocean Marine	
Other	

This Certificate of Authority is subject to the laws of the State of Ohio.



John R. Kasich, Governor

*Mary Taylor*

Mary Taylor, Lt. Governor Director

STATE OF OHIO  
DEPARTMENT OF INSURANCE  
50 W. Town Street, Third Floor, Suite 300  
Columbus, Ohio 43215

IN THE MATTER OF: : MARY TAYLOR  
: LT. GOVERNOR/DIRECTOR  
NATIONWIDE ASSURANCE :  
COMPANY : ORDER AND JOURNAL ENTRY  
: :  
(NAIC No. 10723) :

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ORDER

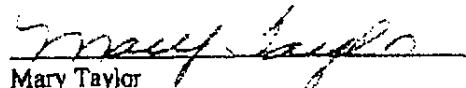
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1. Nationwide Assurance Company (the "Company"), presently domiciled in the State of Wisconsin, has applied to the Superintendent of Insurance for approval to redomesticate to Ohio pursuant to Section 3913.40 of the Ohio Revised Code. The Company currently has a certificate of authority to conduct the business of insurance in the State of Ohio.
2. The Company has designated its principal place of business in this state as One West Nationwide Boulevard, Columbus, Ohio, 43215-2220, and telephone number (614)-249-1545.
3. No evidence has been submitted that the proposed transfer of domicile is not in the interest of the policyholders of the State of Ohio.

NOW THEREFORE IT IS ORDERED THAT:

1. The redomestication of the Company from Wisconsin to Ohio is approved as of the date below.
2. The Company will be issued an amended certificate of authority that shows that it is domiciled in the State of Ohio as of its original date of incorporation (February 13, 1942).

This Order made and entered into the Journal of the Ohio Department of Insurance this  
17 day of August, 2016.

  
Mary Taylor  
Lt. Governor/Director



**MIKE DEWINE**  
OHIO ATTORNEY GENERAL

Health and Human Services  
(614) 466-8600 Telephone  
(614) 466-6090 Facsimile  
30 East Broad Street, Level 26  
Columbus, Ohio 43215

[www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov)

August 3, 2016

Allison A. DeSantis  
Director of Business Services  
Ohio Secretary of State  
180 East Broad Street, 16<sup>th</sup> Floor  
Columbus, OH 43215

**Re: Nationwide Assurance Company  
Proposed Articles of Redomestication**

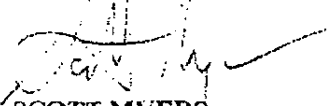
Dear Ms. DeSantis:

I have reviewed the Proposed Articles of Redomestication of Nationwide Assurance Company effective May 18, 2016. I have also consulted with the Ohio Department of Insurance, which has expressed its approval of the Articles in question.

Based upon my examination of these Articles and my review of the relevant statutes, I find the Articles to be in accordance with the constitution and laws of the State of Ohio and of the United States.

Regards,

**MICHAEL DEWINE**  
Attorney General of Ohio

  
**SCOTT MYERS**  
Assistant Attorney General  
Health and Human Services  
30 East Broad Street, 26<sup>th</sup> floor  
Columbus, Ohio 43215  
614-466-8600  
866-490-2796 (facsimile)

SM/mr

cc: Stephen J. Vamos, Esq.



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott Walker, Governor  
Theodore K. Nickel, Commissioner

Wisconsin.gov

June 6, 2016

125 South Webster Street • P.O. Box 7873  
Madison, Wisconsin 53777-7873  
Phone: (608) 266-3565 • Fax: (608) 266-9635  
E-Mail: [ocinformation@wisconsin.gov](mailto:ocinformation@wisconsin.gov)  
Web Address: [oc.wisconsin.gov](http://oc.wisconsin.gov)

MR STEVEN HERMAN  
MANAGING COUNSEL  
NATIONWIDE  
ONE NATIONWIDE PLAZA  
COLUMBUS OH 43215 2220

Re: Redomestication Applications: National Casualty Company, Nationwide Assurance Company, and Nationwide Insurance Company of America

Dear Mr. Herman:

The State of Wisconsin Office of the Commissioner of Insurance ("OCI") has completed its review of the redomestication applications submitted on May 25, 2016 on behalf of the above-referenced domestic insurers.

Please be advised that OCI approves the request for the redomestication of National Casualty Company, Nationwide Assurance Company, and Nationwide Insurance Company of America to the State of Ohio, subject to the submission, and OCI's receipt, of the following items:

1. A copy of the Ohio Dept. of Insurance's approval of the redomestications, certified by the Corporate Secretary.
2. Amended and Restated Articles of Incorporation for each company, certified by the Corporate Secretary.
3. Amended and Restated Bylaws for each company, certified by the Corporate Secretary.

After receiving the above items, a nondomestic certificate of authority will be issued to replace the domestic certificate of authority for each company. The effective date of the nondomestic certificate of authority will coincide with the date determined by the Ohio Dept. of Insurance.

Please feel free to give me a call at (608) 266-9896 should you have any questions

Sincerely,

Kristin L. Forsberg, CPA, CFE  
Company Licensing Specialist  
Bureau of Financial Analysis and Examinations