

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F10000002468

FILED
Oct 07, 2011
Secretary of State

Entity Name: SCOTTSDALE INSURANCE COMPANY

Current Principal Place of Business:

8877 N. GAINES CENTER DRIVE
SCOTTSDALE, AZ 852582108

New Principal Place of Business:

Current Mailing Address:

8877 N. GAINES CENTER DRIVE
SCOTTSDALE, AZ 852582108

New Mailing Address:

FEI Number: 31-1024978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MILLER, MICHAEL D
Address: 8877 N. GAINES CENTER DRIVE
City-St-Zip: SCOTTSDALE, AZ 852582108

Title: D
Name: TIEPELMAN, GARY L
Address: 8877 N. GAINES CENTER DRIVE
City-St-Zip: SCOTTSDALE, AZ 852582108

Title: D
Name: HILSHEIMER, LAWRENCE
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: S
Name: HORNER, ROBERT W
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: V
Name: MCCUTCHAN, R. LINDSEY
Address: 8877 N. GAINES CENTER DRIVE
City-St-Zip: SCOTTSDALE, AZ 852582108

Title: T
Name: HARPER, PETER W
Address: 8877 N. GAINES CENTER DRIVE
City-St-Zip: SCOTTSDALE, AZ 852582108

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: ANNE MEYER

POA

10/07/2011

Electronic Signature of Signing Officer or Director

Date