

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001606

Entity Name: INSURANCE INTERMEDIARIES, INC.

Current Principal Place of Business:

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

Current Mailing Address:

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215 US

FEI Number: 31-0871532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name BAKER, GARY N.
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 VP, SECRETARY
Name HORNER, ROBERT W. III
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title VP, TREASURER
Name BUTLER, LYNDA M.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name DICKINSON, ANDREW C.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name HILL, TERRI L.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name ARVIA, ANNE L.
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

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date