

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001606

**Entity Name:** NBS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1 WEST NATIONWIDE BLVD  
COLUMBUS, OH 43215

**Current Mailing Address:**

1 WEST NATIONWIDE BLVD  
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           TREASURER  
Name           ROTHERMEL, PETER J.  
Address        1 WEST NATIONWIDE BLVD  
City-State-Zip: COLUMBUS OH 43215

Title           SECRETARY  
Name           SKINGLE, DENISE L.  
Address        1 WEST NATIONWIDE BLVD  
City-State-Zip: COLUMBUS OH 43215

Title           PRESIDENT  
Name           STUCKEY, THEODORE  
Address        1 WEST NATIONWIDE BLVD  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           MAHAFFEY, MICHAEL  
Address        1 WEST NATIONWIDE BLVD  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           O'BRIEN, KEVIN G.  
Address        1 WEST NATIONWIDE BLVD  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           STUCKEY, THEODORE  
Address        1 WEST NATIONWIDE BLVD  
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:** DENISE L SKINGLE

**SECRETARY**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date