

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001606

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC7403239017**

**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           FREIBERG, SABRINA G.  
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           CROSSER, WENDELL P  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           BRAZEAU TEMPLE, SHELLEY  
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           MOORE, MICHAEL A.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title           ASSOCIATE VICE PRESIDENT AND  
                  ASSISTANT SECRETARY  
Name           HARTMAN, MARK E.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

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*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**

**04/27/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSOCIATE VICE PRESIDENT AND ASSISTANT  
SECRETARY  
Name RICHARDS, KATHY R.  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title ASSOCIATE VICE PRESIDENT AND  
ASSISTANT SECRETARY  
Name SHAH, PARAG H  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215