

1.) CORPORATION NAME:

**SCOTTSDALE INDEMNITY COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **7/31/2011**

SCC ID NO: **F1182080**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8877 NORTH GAINEY CENTER DRIVE

CITY/ST/ZIP: SCOTTSDALE, AR 85258-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL D MILLER  
TITLE: P/COO  
ADDRESS: ONE NATIONWIDE PLAZA  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: PETER W HARPER  
TITLE: VP/T  
ADDRESS: ONE NATIONWIDE PLAZA  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: ROBERT W HORNER III  
TITLE: SEC/VP  
ADDRESS: ONE NATIONWIDE PLAZA  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: MARK E HARTMAN  
TITLE: ASST SEC  
ADDRESS: ONE NATIONWIDE PLAZA  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: GARY L TIEPELMAN  
TITLE: SRVP/UNDRWRTNG  
ADDRESS: ONE NATIONWIDE PLAZA  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ROBERT W HORNER III</u>	<u>ROBERT W HORNER III, SEC/VP</u>	<u>6/15/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.