

1.) CORPORATION NAME:

**SCOTTSDALE INDEMNITY COMPANY**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1182080**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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, AZ 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Robert W Horner III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Michael P. Leach	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Pamela A. Biesecker	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Craig E. Landi	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		
NAME:	Gary L. Tjepelman	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		

NAME: Kenneth A. Levine TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: Doreen K. Reinke TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.

/s/ Robert WHorner III	Robert WHorner III,	6/11/2013
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.