



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000266377

2. Name of Corporation DVM Insurance Agency

3. Street Address Principal Business Office:

No. and Street: 1800 E. IMPERIAL HIGHWAY, SUITE 145

City or Town: BREA

State: CA Zip: 92821 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

6. Brief Description of the Character of Business Conducted in Rhode Island

PET HEALTH INSURANCE PROVIDER

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT LILES	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
TREASURER	KEITH E GRAHAM	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
SECRETARY	ROBERT W HORNER, III	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
VICE PRESIDENT	ROBERT W HORNER, III	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
SVP-HEAD OF TAXATION	PAMELA A BIESECKER	ONE NATIONWIDE PLAZA

		COLUMBUS, OH 43215 USA
DIRECTOR	TERRI L HILL	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
DIRECTOR	DAVID A BANO	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
DIRECTOR	WENDELL P CROSSER	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
DIRECTOR	JENNIFER L MARSHALEK	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
DIRECTOR	SCOTT LILES	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1.00	1

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 20 Day of February, 2016 at 1:54:09 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT W HORNER, III  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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