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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 22 PM 12:31

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000157681	Nationwide Better Health Holding Company

3. Principal Office Address	City	State	Zip
One Nationwide Plaza	Columbus	OH	43215

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621498	The company is a holding company for the health and productivity operations of Nationwide.
5. State of Incorporation: OH	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President	Secretary	Treasurer
Name	Terri L. Hill	Pamela A. Biesecker	Robert W. Horner III	Mark W. Beres
Street Address	One Nationwide Plaza	One Nationwide Plaza	One Nationwide Plaza	One Nationwide Plaza
City	Columbus	Columbus	Columbus	Columbus
State	OH	OH	OH	OH
Zip	43215	43215	43215	43215

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director	Director	Director
Name	Terri L. Hill	Mark W. Beres		
Street Address	One Nationwide Plaza	One Nationwide Plaza		
City	Columbus	Columbus		
State	OH	OH		
Zip	43215	43215		

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,500	CNP	$0.00

11. 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.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Mark E. Hartman, Associate Vice President and Assistant Secretary	12.01.2017

Signature of Authorized Representative: MEHartman

FILED
MAY 22 2018
KL331093
18:35

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017