State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

Annual Report for the year: 2017

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

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

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

9. Shares Authorized

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

Changes require an additional filing.

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

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

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12:34

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