Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1			10-0110 10-0089			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe			е	2012							
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).					58(a) of		his Form is Open to Public				
Pension Be	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I											
For calenda	ar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 1	2/31/2	2012					
A This ret	urn/report is for:	an (not multiemployer)		a one-particip	oant plan						
<b>B</b> This return/report is: the first return/report X the final return/report											
		an amended return/report a s	a short plan year return/report (less than 12 months)								
C Check b	oox if filing under:	] Form 5558	DFVC program								
	[	special extension (enter description)									
Part II	<b>Basic Plan Inform</b>	nation—enter all requested informatio	n								
1a Name NATIONWID	•	COMPANY, INC. 401(K) RETIREMEN	IT PLAN		1b	Three-digit plan number (PN) ►	001				
					1c	Effective date of	f plan				
						01/01/	2007				
	oonsor's name and addre	ess; include room or suite number (emp / COMPANY, INC.	loyer, if for a single-	employer plan)	2b	Employer Identif (EIN) 05-04		nber			
400 RESERV	/OIR AVENUE, SUITE 2	2A			2c	Sponsor's telephone number 401-781-2500					
PROVIDENC	E, RI 02907				2d	Business code (see instructions) 541190					
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	3b Administrator's EIN					
		lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the	4b	EIN					
a Sponso					<b>4c</b> PN						
_		the beginning of the plan year			5a						
		the end of the plan year			5b			0			
		count balances as of the end of the plar	<i>,</i> ,	•	5c			0			
		uring the plan year invested in eligible a					× Yes	No			
	•	le annual examination and report of an i		,							
		See instructions on waiver eligibility and	,				X Yes	No			
		er line 6a or line 6b, the plan cannot									
		incomplete filing of this return/report									
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.									
0.01	Filed with authorized/va	lid electronic signature.	04/02/2013	GREGORY A. MARDE	RDEROSIAN						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administra							
SIGN											
HERE	Signature of employe		Date		vidual signing as employer or plan sponsor						
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	(optional)	Prep	parer's telephone	number (op	tional)			

7       Plan Assets and Liabilities         a       Total plan assets       7a         b       Total plan liabilities       7b         c       Net plan assets (subtract line 7b from line 7a)       7c         8       Income, Expenses, and Transfers for this Plan Year       7c         a       Contributions received or receivable from:       8a(1)         (1)       Employers       8a(2)         (3)       Others (including rollovers)       8a(2)         b       Other income (loss)       8b         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d	2 439750 (a) Amount 1) 332 2) 34 3)	6 6 2			(b) End of Year 0 0
b       Total plan liabilities	2 439750 (a) Amount 1) 332 2) 34 3)	6			
C       Net plan assets (subtract line 7b from line 7a)	2 43975 (a) Amount 1) 332 2) 344 3)	2			0
8       Income, Expenses, and Transfers for this Plan Year         a       Contributions received or receivable from:         (1)       Employers         8a(1)         (2)       Participants         8a(2)         (3)       Others (including rollovers)         8a(3)         b       Other income (loss)         8b         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         d       Benefits paid (including direct rollovers and insurance premiums	(a) Amount 1) 332 2) 34 3)	2			0
a       Contributions received or receivable from:       8a(1)         (1)       Employers       8a(2)         (2)       Participants       8a(2)         (3)       Others (including rollovers)       8a(3)         b       Other income (loss)       8b         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums	1) 332 2) 34 3)				
(1)         Employers         8a(1)           (2)         Participants         8a(2)           (3)         Others (including rollovers)         8a(3)           b         Other income (loss)         8b           c         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c           d         Benefits paid (including direct rollovers and insurance premiums         8c	2) 34 3)				(b) Total
(2) Participants	2) 34 3)				
(3) Others (including rollovers)	3)	8			
b       Other income (loss)       8b         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums					
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	3770				
d Benefits paid (including direct rollovers and insurance premiums		3			
	; 		_		38383
	<b>4</b> 77539	9			
e Certain deemed and/or corrective distributions (see instructions) 8e	e				
f Administrative service providers (salaries, fees, commissions) 8f	f 600	0			
g Other expenses					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h					478139
i Net income (loss) (subtract line 8h from line 8c) 8i	i				-439756
j Transfers to (from) the plan (see instructions) 8j	i				
Part IV Plan Characteristics					
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension feature 2A 2E 2F 2G 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare feature</li> </ul>					
Part V Compliance Questions			¥	N-	
<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contributions w</li></ul>	within the time period described in		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions w 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (	Correction Program)	10a		Х	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do non line 10a.)		10b		Х	
<b>C</b> Was the plan covered by a fidelity bond?		10c	X		1000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		10d		Х	
e Were any fees or commissions paid to any brokers, agents, or other per- insurance service or other organization that provides some or all of the b instructions.)	benefits under the plan? (See	10e		х	
${f f}$ Has the plan failed to provide any benefit when due under the plan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	10q	T	Х	
<ul> <li>h If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)</li> </ul>	nstructions and 29 CFR	10g		Х	
i If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3		10i			
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? 5500) and line 11a below)					
11a Enter the amount from Schedule SB line 39				11a	
<b>12</b> Is this a defined contribution plan subject to the minimum funding require	rements of section 412 of the Code	or sec	ction 3	02 of E	ERISA? Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as ap			-		
<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amogranting the waiver.</li> </ul>	ortized in this plan year, see instruc		and e	nter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (	(Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year				12b	

С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	rt VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> EIN(s) <b>13c(3)</b> F							
Part	t VIII Trust Information (optional)						

14a Name of trust	14b Trust's EIN

		·	······································	······································					
	Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	t of Small Emplo	ууее	•	OMB Nos. 121 121	10-0110 10-0089	
	Interna) Revenue Servico	This form is required to be fi	/88	2012					
	Department of Lebor Employee Banefils Security Administration Pension Banefit Guaranty Corporation				•••	This Form is Open to Public			
ſ	Part   3 Annual Report I	Complete all entries in accordentification Information	ordance with the Inst	ructions to the Form 55	00-SF	•	····		
L H	For calendar plan year 2012 or fisc	al plan year beginning 01/01/20	)12	and ending	12/31	/2012		<b>1919</b>	
		X a single-employer plan		plan (not multiemployer)		a one-partici	innet slas		
	B This return/report is:	the first return/report			•	a one-partic	haur biau		
		an amended return/report		urn/report (less than 12 r	nonthe	a			
	C Check box if filing under;	Form 5558	automatic extension		10110	DFVC progra	am		
		special extension (enter descript		•			ar) (		
ļĻ	Rart II Basic Plan Inform	mation-enter all requested inform			·····	· • • • • • • • • • • • • • • • • • • •	<del>.</del>		
	a Name of plan				16	Three-digit	T		
	ATIONWIDE TITLE AND ESCROV	NCOMPANY, INC. 401(K) RETIRE	MENT PLAN			plan number (PN) 🕨	001		
					1c	Effective date o			
ľ	2a Plan sponsor's name and addr ATIONWIDE TITLE AND ESCROV	ess; include room or suite number ( V COMPANY, INC.	employer, if for a singl	e-employer plan)	2b	Employer Identi (EIN) 05-048	fication Numb	ser	
	00 RESERVOIR AVENUE, SUITE :	24			20	Sponsor's telep (401) 78		, ,	
	ROVIDENCE, RI 02907	en			2d	Business code (see Instructions) 541190			
	a Plan administrator's name and	address XSame as Plan Sponsor I	Name Same as Pla	in Sponsor Address	3b	Administrator's	EIN		
						Administrator's I	·····		
1	If the name and/or EIN of the p	an sponsor has changed since the	last return/report filed	for this plan, enter the	4b	EIN			
	name, EIN, and the plan numb a Sponsor's name			•	4c				
		the beginning of the plan year			5a			9	
		the end of the plan year			5b			0	
	C Number of participants with acc complete this item)	ount balances as of the end of the p	olan year (defined ben	efit plans do not	5c			0	
		iring the plan year invested in eligib			L		X Yes	No	
	D Are you claiming a waiver of the	annual examination and report of a	an independent qualifi	ed public accountant (IOI	PA			-	
	Inder 29 CFR 2520.104-46? (S	ee instructions on waiver eligibility a r line 6a or line 6b, the plan cann	and conditions.)	and much include	 Comm		X Yes	No	
1		ncomplete filing of this return/rep		geŵennei 1.1.4 mai 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	****				
J	ider penalties of periury and other	penalties set forth in the instructions	s. I declare that I have	examined this return/ren	init ini	cluding if anolice	ble, a Schedu knowledge an	.le d	
7	GN CON		THATE	GREGORY A. MARDE	DUC	Δλί		1	
词	RE Signature of plan admi	Inistrator							
	SN22		Date	Enter name of individu	iai \$191	mig as pian adm	inistrator		
	REPERSION Signature of employer/	plan sponsor	Date	Enter name of Individu	al slar		At 41mm = ====		
F	eparer's name (including firm name	a, if applicable) and address; include	a room or suile numbe	r (optional)	Prepa	irer's telephone n	umber (option	nal)	
F	Paperwork Reduction Act Notice and	d OMB Control Numbers, see the Inst	ructions for Form 5500-	<u>.                                    </u>		NALL STREET	0rm 5500-8F (2		
	8-03 25T 15 02 25 866-95:00		· · · · · · · · · · · · · · · · · ·			n	v. 120 v. 120		

Form	5500-SF	2012

Part III Financial Information 2 345 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets ..... 7a 439756 n b Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a)..... 439756 7c ñ Income, Expenses, and Transfers for this Plan Year (b) Total (a) Amount a Contributions received or receivable from: 332 (1) Employers ..... 8a(1) (2) Participants..... 348 8a(2) (3) Others (including rollovers)..... 8a(3) b Other income (loss)..... 8b 37703 1. 1. 1. 1. 1.  $3200 \times 2$ Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... C 8c 38383 d Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d 477539 Certain deemed and/or corrective distributions (see instructions). 8e f Administrative service providers (salaries, fees, commissions).... 8f 800 g Other expenses 8a h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 478139 81 ī Net income (loss) (subtract line 8h from line 8c)..... -439756 i čele vezna za zakova na prese na presi je je zakova 11. v statu od statu na struktura struktura i statu zakova Transfers to (from) the plan (see instructions) ...... 8) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b art V Compliance Questions Yes Q No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in ā X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported b х 105 Was the plan covered by a fidelity bond?..... C. х 10c 1000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud х or dishonesty? ..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... 106 х f Has the plan falled to provide any benefit when due under the plan? х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g X h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR x 2520.101-3.) ..... 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the 1. un ez ja exceptions to providing the notice applied under 29 CFR 2520.101-3..... 101 art Via Pension Funding Compliance 4 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... Yes 🔽 No 1a Enter the amount from Schedule SB line 39. Yes No 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Day granting the waiver. ...... Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13. b Enter the minimum required contribution for this plan year..... 12h

Page 2

Contractory and

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-	Form 5500-SF 2012 Page 3 - 1					
	Enter the amount contributed by the employer to the plan for this plan year	12	c	<u></u>		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12	d		N	
e				Yes	No	N/A
<u>'ar</u>	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	1			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contr	ni li	<b></b>	X Yes	3 🗍 NO
¢	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
		3c(2)	EIN(	\$}	13c(3	3) PN(s)
an	Mills Trust Information (optional)		<b></b>			
		14b	Trus	's EIN		