


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 038 ***150.00

DOCUMENT # 802939	
1. Entity Name NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA	

Principal Place of Business ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 US	Mailing Address ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 US
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54062863

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Nationwide Mutual Insurance Company Attn: Roger A. Craig (1-35-16) One Nationwide Plaza Columbus, OH 43215-2220
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082004 Chg-P CR2E034 (10/03)	
FEI Number 48-0470690	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLINGSWORTH, DAVID K ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, GALEN R ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINETTE, DOUGLAS C. ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MICHAEL D ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD HAMILTON, KELLY A. ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVT DOVE, CAROL L ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVS SODEN, GLENN W ONE NATIONWIDE PLAZA COLUMBUS, OH 43216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN W. SODEN, ASSOC. VICE PRES. & SECRETARY **JULY 9, 2004** **614.249.7111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54062863

802939

NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

President and Chief Operating Officer
Executive Vice President-Chief Finance and Investment Officer
Senior Vice President
Vice President and Assistant Secretary
Vice President and Treasurer
Vice President
Associate Vice President and Secretary
Assistant Secretary
Assistant Treasurer
Assistant Treasurer

David K. Hollingsworth
Robert A. Rosholt
Kelly A. Hamilton
Thomas E. Barnes
Carol L. Dove
Alan A. Todryk
Glenn W. Soden
John F. Delaloye
J. Morgan Elliott
Daniel J. Murphy, Jr.

DIRECTORS

Kelly A. Hamilton
David K. Hollingsworth
Douglas C. Robinette

Date of Incorporation: May 2, 1924
State of Incorporation: Kansas
Ownership: Nationwide Mutual Insurance Company - 100%

A stock company. It is a shell insurer with no active policies of liabilities.