

802939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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06 MAY -1 PM 1:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Amend 5-1-06  
\* Certificates  
\* Certificates*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Nationwide Affinity Insurance Company of America  
(Name of Corporation)

**DOCUMENT NUMBER:** 802939

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell Hester  
(Name of Contact Person)

Nationwide Insurance Company  
(Firm/Company)

One Nationwide Plaza 1-35-18  
(Address)

Columbus, OH 43215  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mitchell Hester at ( 614 ) 677-0415  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

FILED  
06 MAY - 1 PM 1:33  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

802939  
(Document number of corporation (if known))

1. Nationwide Affinity Insurance Company of America  
(Name of corporation as it appears on the records of the Department of State)
2. Ohio (Incorporated under laws of)
3. June 1, 1942 (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- \_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Ohio  
(New jurisdiction)

Glenn W. Soden  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Glenn W. Soden  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

Doc ID -->

200600301392



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/03/2006	200600301392	DOMESTIC ARTICLES/FOR PROFIT (ARF)	3,850.00	100.00	.00	5.00	5.00

**Receipt**

This is not a bill. Please do not remit payment.

NATIONWIDE MUTUAL INSURANCE  
ONE NATIONWIDE PLAZA 1-24-10  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, J. Kenneth Blackwell**

1590224

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA**  
and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC ARTICLES/FOR PROFIT**

Document No(s):

**200600301392**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 30th day of December,  
A.D. 2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos  
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

- Yes PO Box 1390  
 Columbus, OH 43218  
 \*\*\* Requires an additional fee of \$100 \*\*\*
- No PO Box 670  
 Columbus, OH 43216

**INITIAL ARTICLES OF INCORPORATION**

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

<input checked="" type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input type="checkbox"/> (2) Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Nationwide Affinity Insurance Company of America

SECOND: Location Columbus Franklin  
(City) (County)

Effective Date (Optional) \_\_\_\_\_  
(mm/dd/yyyy) Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.

Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the Ohio Revised Code other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the Ohio Revised Code.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

<u>500,000</u>	<u>Common Stock</u>	<u>\$10.00</u>
<small>(No. of Shares)</small>	<small>(Type)</small>	<small>(Par Value)</small>

(Refer to instructions if needed)

**Completing the information in this section is optional**

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_ **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_ **NOTE: P.O. Box Addresses are NOT acceptable.**

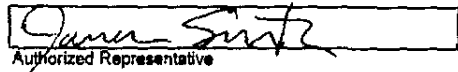
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

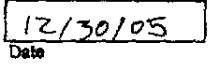
(Name) \_\_\_\_\_

(Street) \_\_\_\_\_ **NOTE: P.O. Box Addresses are NOT acceptable.**


(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**REQUIRED**  
 Must be authenticated  
 (signed) by an authorized  
 representative  
 (See Instructions)





Authorized Representative  
 Jarren L. Smith, Counsel  
 (Print Name)  
 One Nationwide Plaza 1-35-01  
 Columbus, OH 43215





Authorized Representative  
 (Print Name)





Authorized Representative  
 (Print Name)

Complete the information in this section if box (1) (2) or (3) is checked.

### ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of \_\_\_\_\_ hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_, Ohio

\_\_\_\_\_  
(City) (Zip Code)

Must be authenticated by an authorized representative

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

#### ACCEPTANCE OF APPOINTMENT

The Undersigned, \_\_\_\_\_, named herein as the

Statutory agent for, \_\_\_\_\_, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: \_\_\_\_\_  
(Statutory Agent)

*Not Applicable: Insurance Company*

STATE OF OHIO  
DEPARTMENT OF INSURANCE  
2100 Stella Court  
Columbus, Ohio 43215-1067

IN THE MATTER OF: : ANN H. WOMER BENJAMIN  
: SUPERINTENDENT OF INSURANCE  
THE REDOMESTICATION OF :  
NATIONWIDE AFFINITY INSURANCE : ORDER AND JOURNAL ENTRY  
COMPANY OF AMERICA :

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ORDER

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1. Nationwide Affinity Insurance Company of America (the "Company"), presently domiciled in the state of Kansas, has applied to the Superintendent of Insurance for approval to redomesticate to the state of Ohio pursuant to §3913.40 of the Ohio Revised Code. The Company currently has a certificate of authority to conduct the business of insurance in the state of Ohio.
2. The Company has designated its mailing address as: One Nationwide Plaza, Columbus, Ohio 43215-2220.
3. No evidence has been submitted that the proposed transfer of domicile is not in the interest of the policyholders of the state of Ohio.

NOW THEREFORE IT IS ORDERED THAT:

1. The redomestication of the Company from Kansas to Ohio is approved.
2. The Company will be issued an amended certificate of authority that recognizes it as being domiciled in the state of Ohio as of its original date of incorporation (May 2, 1924).

Date

12/22/05

  
Ann H. Womer Benjamin  
Superintendent of Insurance



State of Ohio  
Department of Insurance

CERTIFICATION

As Director of Insurance of the State of Ohio, I do hereby certify that the annexed copy of the:

Order and Journal Entry regarding the redomestication of **NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA** effective December 22, 2005

is a true copy of the original on file with this department.

December 22, 2005

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused my seal to be affixed at Columbus, Ohio, this day and date.



A handwritten signature in cursive script, reading "Ann H. Womer Benjamin".

Ann H. Womer Benjamin, Director of Insurance



STATE OF OHIO  
OFFICE OF THE ATTORNEY GENERAL  
JIM PETRO, ATTORNEY GENERAL

Health & Human Services Section  
30 E. Broad St., 26<sup>th</sup> Fl.  
Columbus, OH 43215-3400  
Telephone (614) 466-8600  
Facsimile: (614) 466-6090  
www.ag.state.oh.us

October 31, 2005

The Honorable Kenneth Blackwell  
Secretary of State  
Corporations Department  
180 E. Broad Street, 16<sup>th</sup> Flr.  
Columbus, Ohio 43215

ATTN: Patrick Hole  
Legal Department

Re: Articles of Incorporation and Redomestication  
Nationwide Affinity Insurance Company of America

Dear Sir:

I have reviewed the September 21, 2005, Articles of Incorporation and Redomestication for Nationwide Affinity Insurance Company of America. I have consulted with the Ohio Department of Insurance which has expressed its approval of the articles in question.

Based upon my examination of the articles and my review of the relevant statutes, I find the amendment to be in accordance with the constitution and laws of the State of Ohio and of the United States.

Sincerely,

JIM PETRO  
Attorney General

A handwritten signature in black ink, appearing to read "Scott Myers", with a horizontal line extending to the right.

SCOTT MYERS  
Assistant Attorney General  
Health and Human Services Section  
30 E. Broad Street, 26<sup>th</sup> Flr.  
Columbus, Ohio 43215-3428  
(614) 466-8600

SM:mnw  
Enclosures  
cc: Stephen J. Vamos



Bob Taft, Governor  
Ann Womer Benjamin, Director

2100 Stella Court, Columbus, OH 43215-1067  
(614) 644-2658 www.ohioinsurance.gov

(614) 644-2640  
FAX (614) 644-3742  
steve.vamos@ins.state.oh.us

October 27, 2005

Scott Myers, Esq.  
Assistant Attorney General  
Health & Human Resources Section  
Ohio Attorney General's Office  
30 East Broad Street, 26<sup>th</sup> Floor  
Columbus, Ohio 43215-3428

Re: Nationwide Affinity Insurance Company of America  
Proposed Articles of Incorporation and Redomestication

Dear Mr. Myers:

Enclosed please find the originally executed proposed Articles of Incorporation and Redomestication of the above referenced company.

Based upon my review, the Department extends its pre-clearance to the proposed Articles of Incorporation and Redomestication.

Thank you for your assistance with this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'S. Vamos', is written over a horizontal line.

Stephen J. Vamos  
Staff Counsel  
Office of Legal Services

cc: Jarren L. Smith

