

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 802939

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**6628141771CC**

**Entity Name:** NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

ONE WEST NATIONWIDE BOULEVARD  
COLUMBUS, OH 43215

**Current Mailing Address:**

ONE WEST NATIONWIDE BOULEVARD  
COLUMBUS, OH 43215 US

**FEI Number:** 48-0470690

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT, CHIEF  
                  OPERATING OFFICER  
Name           BERVEN, MARK A.  
Address        ONE WEST NATIONWIDE  
                  BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           BRAZEAU TEMPLE, SHELLEY  
Address        ONE WEST NATIONWIDE  
                  BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           LANNING, CATHERINE A.  
Address        ONE WEST NATIONWIDE  
                  BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           LEACH, MICHAEL P.  
Address        ONE WEST NATIONWIDE  
                  BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           SHORE, AMY T.  
Address        ONE WEST NATIONWIDE  
                  BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title           TREASURER  
Name           BUEHLER, ROBERT A.  
Address        ONE WEST NATIONWIDE  
                  BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

Title           SECRETARY  
Name           SKINGLE, DENISE L.  
Address        ONE WEST NATIONWIDE  
                  BOULEVARD  
City-State-Zip: COLUMBUS OH 43215

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENISE L. SKINGLE

**SECRETARY**

**04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date