2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802939

Entity Name: NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

FILED Apr 08, 2013 **Secretary of State** CC5292556567

Current Principal Place of Business:

ONE NATIONWIDE PLAZA COLUMBUS, OH 43215

Current Mailing Address:

ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 US

FEI Number: 48-0470690 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 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 PRESIDENT, DIRECTOR Title VP, SECRETARY

Name PIZZI. MARK A. Name HORNER, ROBERT W. III Address ONE NATIONWIDE PLAZA Address ONE NATIONWIDE PLAZA COLUMBUS OH 43215 City-State-Zip: City-State-Zip: COLUMBUS OH 43215

Title SVP Title VP, TREASURER

Name BIESECKER, PAMELA A. Name DOVE, CAROL L. Address ONE NATIONWIDE PLAZA Address ONE NATIONWIDE PLAZA COLUMBUS OH 43215 City-State-Zip: COLUMBUS OH 43215 City-State-Zip:

Title DIRECTOR

LEACH, MICHAEL P. Name Name ARANGO, DAVID G.

ONE NATIONWIDE PLAZA Address Address ONE NATIONWIDE PLAZA City-State-Zip: COLUMBUS OH 43215 City-State-Zip: COLUMBUS OH 43215

Title **DIRECTOR**

Title

Name REEVES. KATHRYNE Address ONE NATIONWIDE PLAZA COLUMBUS OH 43215 City-State-Zip:

DIRECTOR

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: ROBERT W. HORNER, III

VP, SECRETARY

04/08/2013