

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802939

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 DOUGLAS, GARY A.
Address ONE WEST NATIONWIDE
BOULEVARD
City-State-Zip: COLUMBUS OH 43215

Title TREASURER
Name KITTO, ELIZABETH
Address ONE WEST NATIONWIDE
BOULEVARD
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name KLETT, ANGELA C.
Address ONE WEST NATIONWIDE
BOULEVARD
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name RICZKO, ELIZABETH M.
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****04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date