

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 802939

**FILED**  
**Jun 17, 2014**  
**Secretary of State**  
**CC1845539275**

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

**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  
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  
Name            PIZZI, MARK A.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            VP, SECRETARY  
Name            HORNER, ROBERT W. III  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            VP, TREASURER  
Name            DWYER, TIMOTHY J.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            SENIOR VICE PRESIDENT  
Name            BIESECKER, PAMELA A.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            ARVIA, ANNE L.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

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

Title            DIRECTOR  
Name            ELY, KURT M.  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            LANNING, CATHERINE A.  
Address        ONE NATIONWIDE PLAZA  
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:** ROBERT W. HORNER, III

**SECRETARY**

**06/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date