

1.) CORPORATION NAME:

**Nationwide Affinity Insurance Company of America**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F0132094**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE NATIONWIDE PLAZA

CITY/ST/ZIP: COLUMBUS, OH 43215

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK A PIZZI TITLE: PRESIDENT ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE A HILSHEIMER TITLE: EXEC. VP ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAMELA A BIESECKER TITLE: SENIOR VP ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CAROL L DOVE TITLE: TREASURER ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT W HORNER III TITLE: SECRETARY ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL P LEACH TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID G ARANGO DIRECTOR ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHRYNE REEVES DIRECTOR ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT W HORNER III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W HORNER III, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/4/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.