



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

Nationwide Affinity Insurance Company of America

NAIC Group Code 0140 (Current) 0140 (Prior) NAIC Company Code 26093 Employer's ID Number 48-0470690

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Incorporated/Organized 05/02/1924 Commenced Business 06/23/1924

Statutory Home Office One West Nationwide Blvd. (Street and Number) Columbus, OH 43215-2220 (City or Town, State and Zip Code)

Main Administrative Office One West Nationwide Blvd. (Street and Number) Columbus, OH 43215-2220 (City or Town, State and Zip Code) 614-249-7111 (Area Code) (Telephone Number)

Mail Address One West Nationwide Blvd., 1-04-701 (Street and Number or P.O. Box) Columbus, OH 43215-2220 (City or Town, State and Zip Code)

Primary Location of Books and Records One West Nationwide Blvd., 1-04-701 (Street and Number) Columbus, OH 43215-2220 (City or Town, State and Zip Code) 614-249-1545 (Area Code) (Telephone Number)

Internet Web Site Address www.nationwide.com

Statutory Statement Contact Arlene E. Swanson (Name) 614-249-1545 (Area Code) (Telephone Number) FinRpt@nationwide.com (E-mail Address) 866-315-1430 (FAX Number)

OFFICERS

President & COO Mark Angelo Pizzi VP & Treasurer Carol Lynn Dove

VP & Secretary Robert William Horner III

OTHER

Pamela Ann Biesecker Sr VP-Head of Taxation Lawrence Allen Hilsheimer Exec VP

DIRECTORS OR TRUSTEES

David Gerard Arango Lawrence Allen Hilsheimer Michael Patrick Leach

Mark Angelo Pizzi Kathrynne Gambrell Reeves

State of Ohio SS:

County of Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Mark Angelo Pizzi President & COO Robert William Horner, III VP & Secretary Carol Lynn Dove VP & Treasurer

Subscribed and sworn to before me this April, 2011 day of

a. Is this an original filing? Yes [X] No []

b. If no, 1. State the amendment number..... 2. Date filed 3. Number of pages attached.....

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|--|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 9,805,609 | | 9,805,609 | 9,826,427 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens..... | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ | | | | |
| encumbrances) | | | | |
| 4.2 Properties held for the production of income (less | | | | |
| \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ | | | | |
| encumbrances) | | | | |
| 5. Cash (\$110,762), cash equivalents | | | | |
| (\$) and short-term | | | | |
| investments (\$1,716,295) | 1,827,057 | | 1,827,057 | 1,465,315 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | | | | |
| 9. Receivables for securities | 154,259 | | 154,259 | 215,559 |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 11,786,925 | | 11,786,925 | 11,507,301 |
| 13. Title plants less \$ charged off (for Title insurers | | | | |
| only) | | | | |
| 14. Investment income due and accrued | 128,153 | | 128,153 | 120,105 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | | |
| 15.2 Deferred premiums, agents' balances and installments booked but | | | | |
| deferred and not yet due (including \$ | | | | |
| earned but unbilled premiums) | | | | |
| 15.3 Accrued retrospective premiums | | | | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 34,209,471 | | 34,209,471 | 32,753,210 |
| 16.2 Funds held by or deposited with reinsured companies | | | | |
| 16.3 Other amounts receivable under reinsurance contracts | 13,173,047 | | 13,173,047 | 13,508,552 |
| 17. Amounts receivable relating to uninsured plans | | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 339,033 | | 339,033 | 355,146 |
| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | | | | |
| 21. Furniture and equipment, including health care delivery assets | | | | |
| (\$) | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | 3,968,635 | | 3,968,635 | 781,685 |
| 24. Health care (\$) and other amounts receivable | | | | |
| 25. Aggregate write-ins for other than invested assets | | | | |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and | 63,605,264 | | 63,605,264 | 59,025,999 |
| Protected Cell Accounts (Lines 12 to 25) | | | | |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell | | | | |
| Accounts | | | | |
| 28. Total (Lines 26 and 27) | 63,605,264 | | 63,605,264 | 59,025,999 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | | | | |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | | | | |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|--|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$) | | |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | |
| 3. Loss adjustment expenses | | |
| 4. Commissions payable, contingent commissions and other similar charges | | |
| 5. Other expenses (excluding taxes, licenses and fees) | | |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | | |
| 7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)) | | |
| 7.2 Net deferred tax liability | 15,883 | |
| 8. Borrowed money \$ and interest thereon \$ | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$165,882,225 and including warranty reserves of \$) | | |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | 47,778,880 | 36,134,769 |
| 13. Funds held by company under reinsurance treaties | | |
| 14. Amounts withheld or retained by company for account of others | | |
| 15. Remittances and items not allocated | 920 | 69,019 |
| 16. Provision for reinsurance | | |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | | |
| 19. Payable to parent, subsidiaries and affiliates | 3,556,474 | 10,863,440 |
| 20. Derivatives | | |
| 21. Payable for securities | | |
| 22. Payable for securities lending | | |
| 23. Liability for amounts held under uninsured plans | | |
| 24. Capital notes \$ and interest thereon \$ | | |
| 25. Aggregate write-ins for liabilities | 346,133 | 154,978 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 51,698,290 | 47,222,206 |
| 27. Protected cell liabilities | | |
| 28. Total liabilities (Lines 26 and 27) | 51,698,290 | 47,222,206 |
| 29. Aggregate write-ins for special surplus funds | | |
| 30. Common capital stock | 5,000,000 | 5,000,000 |
| 31. Preferred capital stock | | |
| 32. Aggregate write-ins for other than special surplus funds | | |
| 33. Surplus notes | | |
| 34. Gross paid in and contributed surplus | 6,372,729 | 6,372,729 |
| 35. Unassigned funds (surplus) | 534,245 | 431,064 |
| 36. Less treasury stock, at cost: | | |
| 36.1 shares common (value included in Line 30 \$) | | |
| 36.2 shares preferred (value included in Line 31 \$) | | |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) | 11,906,974 | 11,803,793 |
| 38. Totals (Page 2, Line 28, Col. 3) | 63,605,264 | 59,025,999 |
| DETAILS OF WRITE-INS | | |
| 2501. Escrow liability | 327,688 | 144,817 |
| 2502. State surcharge/recoupment receivable | 18,445 | 6,247 |
| 2503. Miscellaneous liabilities | | 3,914 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 346,133 | 154,978 |
| 2901. | | |
| 2902. | | |
| 2903. | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | | |
| 3201. | | |
| 3202. | | |
| 3203. | | |
| 3298. Summary of remaining write-ins for Line 32 from overflow page | | |
| 3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above) | | |

STATEMENT OF INCOME

| | 1 | 2 | 3 |
|---|--------------|-------------|------------------|
| | Current | Prior Year | Prior Year Ended |
| | Year to Date | to Date | December 31 |
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$ 140,277,815) | 127,945,896 | 109,512,428 | 467,463,051 |
| 1.2 Assumed (written \$) | | | |
| 1.3 Ceded (written \$ 140,277,815) | 127,945,896 | 109,512,428 | 467,463,051 |
| 1.4 Net (written \$) | | | |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$):: | | | |
| 2.1 Direct | 88,317,251 | 70,680,585 | 354,966,742 |
| 2.2 Assumed | | | |
| 2.3 Ceded | 88,317,251 | 70,680,585 | 354,966,742 |
| 2.4 Net | | | |
| 3. Loss adjustment expenses incurred | | | |
| 4. Other underwriting expenses incurred | | | |
| 5. Aggregate write-ins for underwriting deductions | | | |
| 6. Total underwriting deductions (Lines 2 through 5) | | | |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7) | | | |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 51,725 | 163,437 | 481,516 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ | | 307,885 | 307,885 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 51,725 | 471,322 | 789,401 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$) | | | |
| 13. Finance and service charges not included in premiums | | | |
| 14. Aggregate write-ins for miscellaneous income | | | |
| 15. Total other income (Lines 12 through 14) | | | |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 51,725 | 471,322 | 789,401 |
| 17. Dividends to policyholders | | | |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 51,725 | 471,322 | 789,401 |
| 19. Federal and foreign income taxes incurred | 16,113 | (535,171) | (430,279) |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 35,612 | 1,006,493 | 1,219,680 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 11,803,793 | 9,407,586 | 9,407,586 |
| 22. Net income (from Line 20) | 35,612 | 1,006,493 | 1,219,680 |
| 23. Net transfers (to) from Protected Cell accounts | | | |
| 24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 178,558 | (178,558) | (153,049) | (153,049) |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 26. Change in net deferred income tax | (30,081) | (566,941) | (540,312) |
| 27. Change in nonadmitted assets | 276,208 | (20,031) | (130,112) |
| 28. Change in provision for reinsurance | | | |
| 29. Change in surplus notes | | | |
| 30. Surplus (contributed to) withdrawn from protected cells | | | |
| 31. Cumulative effect of changes in accounting principles | | | |
| 32. Capital changes: | | | |
| 32.1 Paid in | | | |
| 32.2 Transferred from surplus (Stock Dividend) | | | |
| 32.3 Transferred to surplus | | | |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in | | | 2,000,000 |
| 33.2 Transferred to capital (Stock Dividend) | | | |
| 33.3 Transferred from capital | | | |
| 34. Net remittances from or (to) Home Office | | | |
| 35. Dividends to stockholders | | | |
| 36. Change in treasury stock | | | |
| 37. Aggregate write-ins for gains and losses in surplus | | | |
| 38. Change in surplus as regards policyholders (Lines 22 through 37) | 103,181 | 266,472 | 2,396,207 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 11,906,974 | 9,674,058 | 11,803,793 |
| DETAILS OF WRITE-INS | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | |
| 0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above) | | | |
| 1401. | | | |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | | | |
| 3701. | | | |
| 3702. | | | |
| 3703. | | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | | | |
| 3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above) | | | |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 11,644,111 | 3,426,428 | 1,556,286 |
| 2. Net investment income | 64,494 | 226,216 | 614,337 |
| 3. Miscellaneous income | 335,506 | (2,531,319) | (6,347,134) |
| 4. Total (Lines 1 to 3) | 12,044,111 | 1,121,325 | (4,176,511) |
| 5. Benefit and loss related payments | 1,456,261 | 8,334,666 | 15,239,036 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | | 933,574 | 933,573 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | | | (624,848) |
| 10. Total (Lines 5 through 9) | 1,456,261 | 9,268,240 | 15,547,761 |
| 11. Net cash from operations (Line 4 minus Line 10) | 10,587,850 | (8,146,915) | (19,724,272) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | | 2,615,586 | 2,615,586 |
| 12.2 Stocks | | | |
| 12.3 Mortgage loans | | | |
| 12.4 Real estate | | | |
| 12.5 Other invested assets | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | | |
| 12.7 Miscellaneous proceeds | 144,752 | | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 144,752 | 2,615,586 | 2,615,586 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | | | |
| 13.2 Stocks | | | |
| 13.3 Mortgage loans | | | |
| 13.4 Real estate | | | |
| 13.5 Other invested assets | | | |
| 13.6 Miscellaneous applications | | 444,803 | 240,136 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | | 444,803 | 240,136 |
| 14. Net increase (or decrease) in contract loans and premium notes | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 144,752 | 2,170,783 | 2,375,450 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | | | 2,000,000 |
| 16.3 Borrowed funds | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 Dividends to stockholders | | | |
| 16.6 Other cash provided (applied) | (10,370,860) | (1,513,429) | 8,560,038 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (10,370,860) | (1,513,429) | 10,560,038 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .. | 361,742 | (7,489,561) | (6,788,784) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 1,465,315 | 8,254,099 | 8,254,099 |
| 19.2 End of period (Line 18 plus Line 19.1) | 1,827,057 | 764,539 | 1,465,315 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

No change.

Note 2 - Accounting Changes and Corrections of Errors

No change.

Note 3 - Business Combinations and Goodwill

No change.

Note 4 - Discontinued Operations

No change.

Note 5 - Investments

A. Mortgage Loans

No change.

B. Troubled Debt Restructuring for Creditors

No change.

C. Reverse Mortgages

No change.

D. Loan-Backed Securities

1. Prepayment assumptions are generally obtained using a model provided by a third-party vendor.
2. Not applicable.
3. Not applicable.
4. Not applicable.
5. The Company reviews all loan-backed and structured securities in which the fair value of the given security is less than the amortized cost to determine if a given security is other-than-temporarily impaired. The Company examines characteristics of the underlying collateral, such as delinquency and default rates, the quality of the underlying borrower, the type of collateral in the pool, the vintage year of the collateral, subordination levels within the structure of the collateral pool, the quality of any credit guarantors, to determine the cash flows expected to be received for the security.

If the severity and duration of the security's unrealized loss indicates a risk of an other-than-temporary impairment, the Company will evaluate if the amortized cost basis of the security will be recovered by comparing the present value of the cash flows expected to be received for the given security with the amortized cost basis of the security. If the present value of cash flows is greater than the amortized cost basis of a security then the security is deemed other-than-temporarily impaired.

E. Repurchase Agreements

No change.

F. Real Estate

No change.

G. Low-Income Housing Tax Credits

No change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No change.

Note 7 - Investment Income

No change.

Note 8 - Derivative Instruments

No change.

Note 9 - Income Taxes

No change.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No change.

Note 11 - Debt

No change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No change.

NOTES TO FINANCIAL STATEMENTS

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No change.

Note 14 – Contingencies

No change.

Note 15 - Leases

No change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

No change.

B. Transfers and Servicing of Financial Assets

No change.

C. Wash Sales

Not applicable.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No change.

Note 19 - Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators

No change.

Note 20 – Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources while unobservable inputs reflect the Company's view of market assumptions in the absence of observable market information. The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. In determining fair value, the Company uses various methods including market, income and cost approaches.

The Company categorizes its assets and liabilities measured and reported at fair value in the quarterly statement into a three-level hierarchy based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument in its entirety.

The fair value hierarchy levels are as follows:

Level 1. Unadjusted quoted prices accessible in active markets for identical assets or liabilities at the measurement date.

Level 2. Unadjusted quoted prices for similar assets or liabilities in active markets or inputs (other than quoted prices) that are observable or that are derived principally from or corroborated by observable market data through correlation or other means.

Level 3. Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Inputs reflect management's best estimate about the assumptions market participants would use at the measurement date in pricing the asset or liability. Consideration is given to the risk inherent in both the method of valuation and the valuation inputs.

The Company periodically reviews its fair value hierarchy classifications for financial assets and liabilities. Changes in observability of significant valuation inputs identified during these reviews may trigger reclassifications. Reclassifications into/out of the fair value hierarchy levels are reported as transfers at the beginning of the period in which the change occurs.

For bonds and marketable stocks for which market quotations are available, the Company generally uses independent pricing services to assist in determining the fair value measurement.

The Company's investments in corporate debt securities, mortgage-backed securities and other asset-backed securities are valued with the assistance of independent pricing services and non-binding broker quotes. The Company's policy is to give priority to pricing obtained from our primary independent pricing service. In the event that pricing information is not available from an independent pricing service, non-binding broker quotes are used to assist in the valuation of the investments. In many cases, only one broker quote is available. The Company's policy is generally not to adjust the values obtained from brokers.

Broker quotes are considered unobservable inputs as only one broker quote is ordinarily obtained, the investment is not traded on an exchange, the pricing is not available to other entities and/or the transaction volume in the same or similar investments has decreased such that generally only one quotation is available. As the brokers often do not provide the necessary transparency into their quotes and methodologies, the Company periodically performs reviews and tests to ensure that quotes are a reasonable estimate of the investments fair value.

For investments valued with the assistance of independent pricing services, the Company obtains the pricing services' methodologies, inputs and assumptions and classifies these investments accordingly in the fair value hierarchy. The Company periodically reviews and tests the pricing and related methodologies obtained from these independent pricing services against secondary sources to ensure that management can validate the investment's fair value and related fair value hierarchy categorization. If large variances are observed between the price obtained from the independent pricing services and secondary sources, the Company analyzes the causes driving the variance.

NOTES TO FINANCIAL STATEMENTS

For certain bonds not priced by independent services (e.g., private placement securities without quoted market prices) a corporate pricing matrix or internally developed pricing model is most often used. The corporate pricing matrix is developed using private spreads for corporate securities with varying weighted average lives and credit quality ratings. The weighted average life and credit quality rating of a bond to be priced using the corporate pricing matrix are important inputs into the model and are used to determine a corresponding spread that is added to the appropriate U.S. Treasury yield to create an estimated market yield for that security. The estimated market yield and other relevant factors are then used to estimate the fair value of the particular bond.

No assets or liabilities were carried at fair value as of March 31, 2011.

Note 21 - Other Items

No change.

Note 22 - Events Subsequent

There were no events occurring subsequent to March 31, 2011 meriting disclosure.

Note 23 - Reinsurance

No change.

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

No change.

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

No change.

Note 26 - Intercompany Pooling Arrangements

No change.

Note 27 - Structured Settlements

No change.

Note 28 - Health Care Receivables

No change.

Note 29 - Participating Policies

No change.

Note 30 - Premium Deficiency Reserves

No change.

Note 31 - High Deductibles

No change.

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No change.

Note 33 - Asbestos/Environmental Reserves

No change.

Note 34 - Subscriber Savings Accounts

No change.

Note 35 - Multiple Peril Crop Insurance

No change.

Note 36 – Financial Guaranty Insurance

A. and B. Not applicable.

STATEMENT AS OF MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes [] No [X] N/A []

If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2006
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2006
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/29/2008
- 6.4

By what department or departments?
OH
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [X] No []
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---------------------------|-----|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | OTS | FDIC | SEC |
| Nationwide Bank | Columbus, OH | NO | NO | YES | NO | NO |
| Nationwide Investment Services Corp. | Columbus, OH | NO | NO | NO | NO | YES |
| Nationwide Investment Advisors, LLC | Columbus, OH | NO | NO | NO | NO | YES |
| Nationwide Securities, LLC | Dublin, OH | NO | NO | NO | NO | YES |
| Nationwide SA Capital Trust | King of Prussia, PA | NO | NO | NO | NO | YES |
| Nationwide Fund Advisors | King of Prussia, PA | NO | NO | NO | NO | YES |
| Nationwide Fund Distributors, LLC | King of Prussia, PA | NO | NO | NO | NO | YES |
| Nationwide Asset Management, LLC | Columbus, OH | NO | NO | NO | NO | YES |

STATEMENT AS OF MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ | \$ |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No []

STATEMENT AS OF MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|-----------------------------------|---|
| The Bank of New York Mellon | 1 Wall Street, New York, NY 10286 |

- 16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]
- 16.4 If yes, give full information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--|---|
| N/A | Members of the investment staff designated by the Chief Investment Officer as detailed in the Corporate Resolution. | One Nationwide Blvd., Columbus, OH 43215-2220 |

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

| | | | TOTAL DISCOUNT | | | | DISCOUNT TAKEN DURING PERIOD | | | |
|------------------|------------------|---------------|----------------|------------|------|-------|------------------------------|------------|------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Line of Business | Maximum Interest | Discount Rate | Unpaid Losses | Unpaid LAE | IBNR | TOTAL | Unpaid Losses | Unpaid LAE | IBNR | TOTAL |
| TOTAL | | | | | | | | | | |

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date\$.....

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the balance of the funds administered as of the reporting date\$.....

STATEMENT AS OF MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

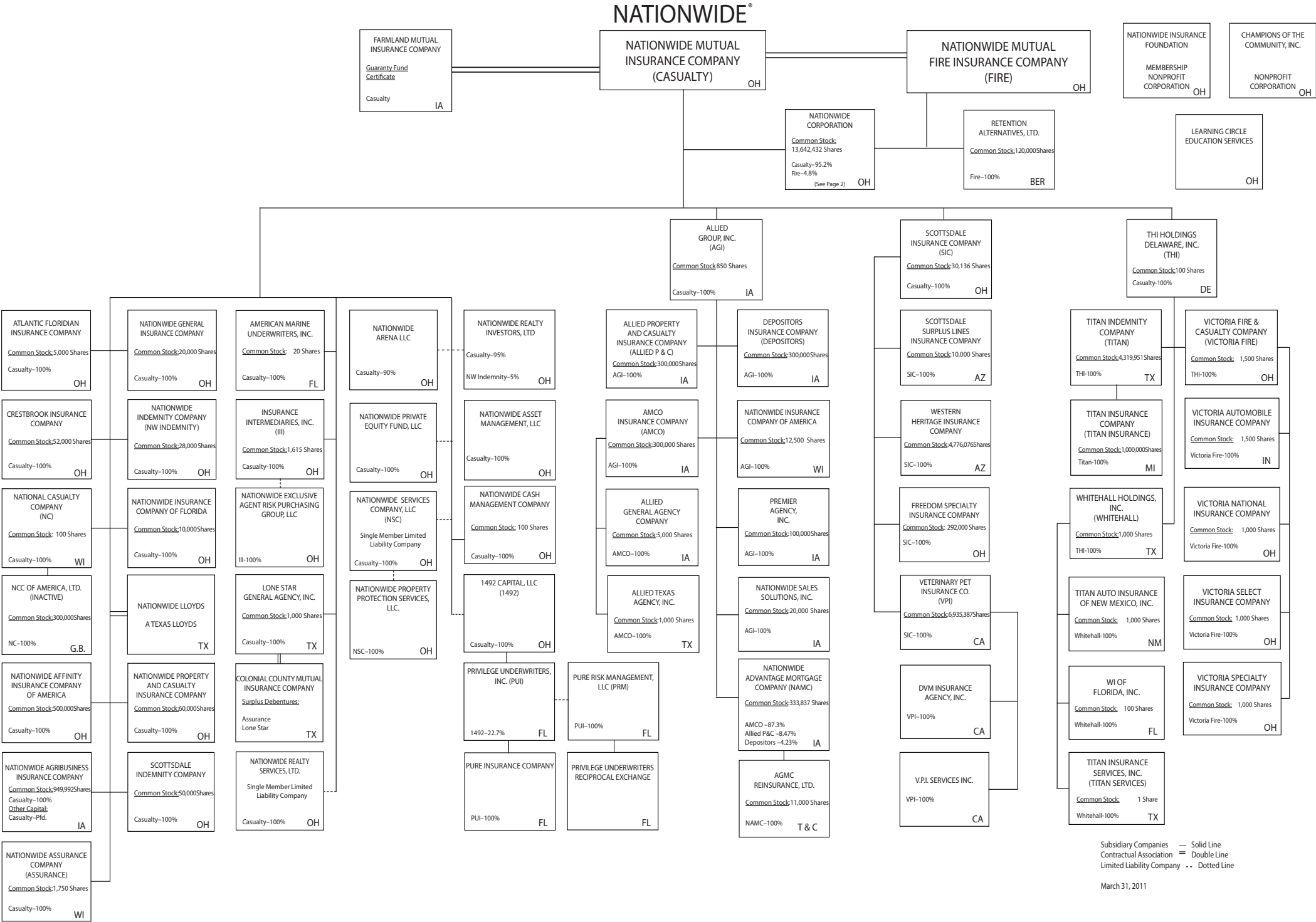
| 1 NAIC Company Code | 2 Federal ID Number | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Is Insurer Authorized? (Yes or No) |
|---------------------------|---------------------------|------------------------|-------------------------------|---|
| | | NONE | | |

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

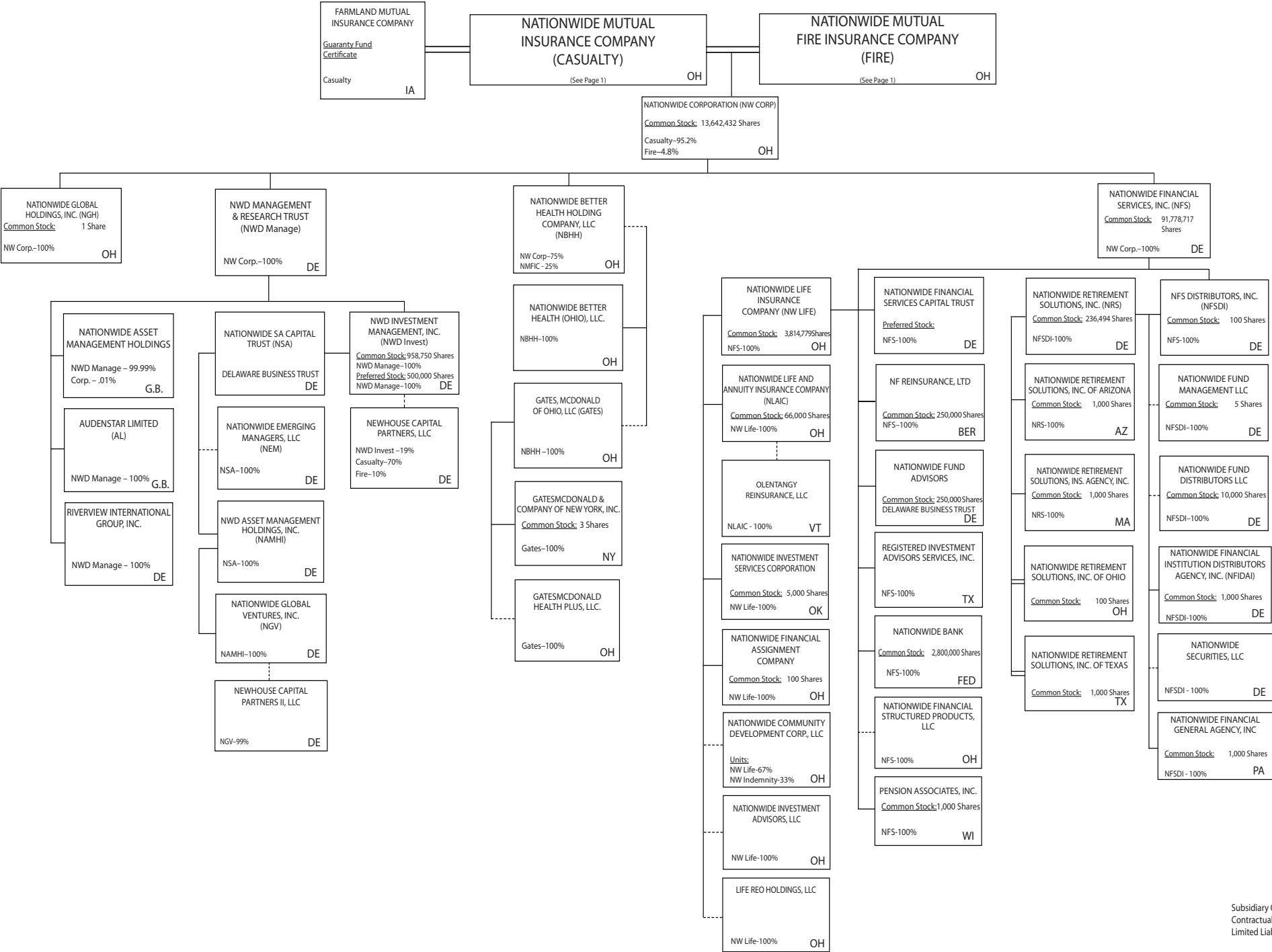
| Current Year to Date - Allocated by States and Territories | | | | | | | |
|---|--------------------|---------------------------|-------------------------|--|-------------------------|---------------------------|-------------------------|
| States, etc. | 1 Active Status | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
| | | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date |
| 1. Alabama AL | L | | | | | | |
| 2. Alaska AK | L | | | | | | |
| 3. Arizona AZ | L | 1,142,495 | 749,122 | 4,248,240 | 276,404 | 2,171,458 | 210,669 |
| 4. Arkansas AR | L | | | | | | |
| 5. California CA | L | | | 31,184 | 1,126 | (533) | (288) |
| 6. Colorado CO | L | 1,958,225 | 1,658,301 | 981,795 | 751,654 | 1,137,907 | 679,158 |
| 7. Connecticut CT | L | | | | | | |
| 8. Delaware DE | L | | | | | | |
| 9. District of Columbia DC | L | 328,671 | 518,169 | 119,922 | 234,479 | 447,775 | 618,952 |
| 10. Florida FL | L | | | | | | |
| 11. Georgia GA | L | 699,973 | | | | 12,342 | |
| 12. Hawaii HI | N | | | | | | |
| 13. Idaho ID | L | 167,450 | 29,094 | 21,372 | 5,773 | 36,393 | 3,086 |
| 14. Illinois IL | L | 413,276 | 355,334 | 294,975 | 85,365 | 464,424 | 368,734 |
| 15. Indiana IN | L | 1,468,431 | 1,245,587 | 971,665 | 745,081 | 1,830,915 | 1,302,405 |
| 16. Iowa IA | L | 4,894,360 | 4,141,034 | 2,088,419 | 2,197,894 | 3,180,681 | 2,659,889 |
| 17. Kansas KS | L | 7,407,448 | 7,035,969 | 3,873,060 | 3,367,245 | 6,186,015 | 8,260,096 |
| 18. Kentucky KY | L | | | | | | |
| 19. Louisiana LA | L | | | | | | |
| 20. Maine ME | L | 233,626 | 260,743 | 150,101 | 177,741 | 188,872 | 321,268 |
| 21. Maryland MD | L | | | | | | |
| 22. Massachusetts MA | L | | | | | | |
| 23. Michigan MI | N | | | | | | |
| 24. Minnesota MN | L | 1,328,857 | 1,620,523 | 1,173,121 | 1,347,860 | 3,121,314 | 2,022,192 |
| 25. Mississippi MS | L | | | | | | |
| 26. Missouri MO | L | 11,585,548 | 10,331,537 | 6,601,884 | 5,754,852 | 11,700,485 | 8,912,141 |
| 27. Montana MT | L | | | | | | |
| 28. Nebraska NE | L | 3,794,229 | 3,195,514 | 2,176,544 | 1,537,624 | 3,514,695 | 3,769,431 |
| 29. Nevada NV | L | | | | | | |
| 30. New Hampshire NH | L | | | | | | |
| 31. New Jersey NJ | L | | | | | | |
| 32. New Mexico NM | L | | | | | | |
| 33. New York NY | L | 2,946,932 | | 147,993 | | 198,023 | |
| 34. North Carolina NC | L | 29,038,025 | 30,859,193 | 19,384,590 | 19,817,524 | 40,544,357 | 41,039,788 |
| 35. North Dakota ND | L | 71,110 | | 15,657 | | 19,626 | |
| 36. Ohio OH | L | 24,072 | 21,253 | 14,980 | 1 | 10,559 | 1,699 |
| 37. Oklahoma OK | L | | | | | | |
| 38. Oregon OR | L | 349,980 | 217,508 | 69,892 | 116,789 | 306,954 | 141,959 |
| 39. Pennsylvania PA | L | 68,224,283 | 53,264,369 | 49,590,046 | 32,417,744 | 84,541,730 | 54,120,441 |
| 40. Rhode Island RI | L | | | | | | |
| 41. South Carolina SC | L | | | | | | |
| 42. South Dakota SD | L | 294,097 | 85,264 | 62,344 | | 91,464 | 7 |
| 43. Tennessee TN | L | | | | | | |
| 44. Texas TX | L | (217) | | | | | |
| 45. Utah UT | L | 487,157 | 285,568 | 177,753 | 55,922 | 113,133 | 77,272 |
| 46. Vermont VT | L | | | | | | |
| 47. Virginia VA | L | | | | | | |
| 48. Washington WA | L | 129,551 | 87,309 | 19,646 | 64,966 | 43,787 | 39,381 |
| 49. West Virginia WV | L | | | | | | |
| 50. Wisconsin WI | L | 3,187,185 | 4,710,857 | 2,063,173 | 2,571,535 | 6,303,043 | 7,167,934 |
| 51. Wyoming WY | L | 103,051 | 63,814 | 20,464 | 1 | 133,282 | 314 |
| 52. American Samoa AS | N | | | | | | |
| 53. Guam GU | N | | | | | | |
| 54. Puerto Rico PR | N | | | | | | |
| 55. U.S. Virgin Islands VI | N | | | | | | |
| 56. Northern Mariana Islands MP | N | | | | | | |
| 57. Canada CN | N | | | | | | |
| 58. Aggregate Other Alien OT | XXX | | | | | | |
| 59. Totals | (a) 49 | 140,277,815 | 120,736,061 | 94,298,820 | 71,527,577 | 166,298,701 | 131,716,530 |
| DETAILS OF WRITE-INS | | | | | | | |
| 5801. | XXX | | | | | | |
| 5802. | XXX | | | | | | |
| 5803. | XXX | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | XXX | | | | | | |
| 5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above) | XXX | | | | | | |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.



NATIONWIDE®



Subsidiary Companies — Solid Line
Contractual Association = Double Line
Limited Liability Company - - Dotted Line

NATIONWIDE INSURANCE COMPANIES

| NAIC Group Code | Group Name | NAIC Company Code | State of Domicile | Federal ID Number | Name of Company |
|-----------------------|------------|-------------------------|----------------------|----------------------|--|
| 0140 | Nationwide | 42579 | IA | 42-1201931 | Allied Property and Casualty Insurance Company |
| 0140 | Nationwide | 19100 | IA | 42-6054959 | AMCO Insurance Company |
| 0140 | Nationwide | 10127 | OH | 27-0114983 | Atlantic Floridian Insurance Company |
| 0140 | Nationwide | 22209 | OH | 75-6013587 | Freedom Specialty Insurance Company |
| 0140 | Nationwide | 29262 | TX | 74-1061659 | Colonial County Mutual Insurance Company |
| 0140 | Nationwide | 18961 | OH | 68-0066866 | Crestbrook Insurance Company |
| 0140 | Nationwide | 42587 | IA | 42-1207150 | Depositors Insurance Company |
| 0140 | Nationwide | 13838 | IA | 42-0618271 | Farmland Mutual Insurance Company |
| 0140 | Nationwide | 11991 | WI | 38-0865250 | National Casualty Company |
| 0140 | Nationwide | 26093 | OH | 48-0470690 | Nationwide Affinity Insurance Company of America |
| 0140 | Nationwide | 28223 | IA | 42-1015537 | Nationwide Agribusiness Insurance Company |
| 0140 | Nationwide | 10723 | WI | 95-0639970 | Nationwide Assurance Company |
| 0140 | Nationwide | 23760 | OH | 31-4425763 | Nationwide General Insurance Company |
| 0140 | Nationwide | 10070 | OH | 31-1399201 | Nationwide Indemnity Company |
| 0140 | Nationwide | 25453 | WI | 95-2130882 | Nationwide Insurance Company of America |
| 0140 | Nationwide | 10948 | OH | 31-1613686 | Nationwide Insurance Company of Florida |
| 0140 | Nationwide | 92657 | OH | 31-1000740 | Nationwide Life and Annuity Insurance Company |
| 0140 | Nationwide | 66869 | OH | 31-4156830 | Nationwide Life Insurance Company |
| 0140 | Nationwide | 42110 | TX | 75-1780981 | Nationwide Lloyds |
| 0140 | Nationwide | 23779 | OH | 31-4177110 | Nationwide Mutual Fire Insurance Company |
| 0140 | Nationwide | 23787 | OH | 31-4177100 | Nationwide Mutual Insurance Company |
| 0140 | Nationwide | 37877 | OH | 31-0970750 | Nationwide Property & Casualty Insurance Company |
| 0140 | Nationwide | 15580 | OH | 31-1117969 | Scottsdale Indemnity Company |
| 0140 | Nationwide | 41297 | OH | 31-1024978 | Scottsdale Insurance Company |
| 0140 | Nationwide | 10672 | AZ | 86-0835870 | Scottsdale Surplus Lines Insurance Company |
| 0140 | Nationwide | 13242 | TX | 74-2286759 | Titan Indemnity Company |
| 0140 | Nationwide | 36269 | MI | 86-0619597 | Titan Insurance Company |
| 0140 | Nationwide | 42285 | CA | 95-3750113 | Veterinary Pet Insurance Company |
| 0140 | Nationwide | 10644 | IN | 34-1785903 | Victoria Automobile Insurance Company |
| 0140 | Nationwide | 42889 | OH | 34-1394913 | Victoria Fire & Casualty Company |
| 0140 | Nationwide | 10778 | OH | 34-1842604 | Victoria National Insurance Company |
| 0140 | Nationwide | 10105 | OH | 34-1777972 | Victoria Select Insurance Company |
| 0140 | Nationwide | 10777 | OH | 34-1842602 | Victoria Specialty Insurance Company |
| 0140 | Nationwide | 37150 | AZ | 86-0561941 | Western Heritage Insurance Company |
| 0140 | Nationwide | 13999 | VT | 27-1712056 | Olentangy Reinsurance, LLC |
| 4664 | PURE | 13204 | FL | 26-3109178 | PURE Insurance Company |
| 4664 | PURE | 12873 | FL | 20-8287105 | Privilege Underwriters Reciprocal Exchange |

PART 1 - LOSS EXPERIENCE

| Line of Business | | Current Year to Date | | | 4 |
|----------------------|---|--------------------------------|--------------------------------|--------------------------------|---|
| | | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | Prior Year to Date Direct Loss Percentage |
| 1. | Fire | | | | |
| 2. | Allied Lines | 6,911 | 351 | 5.1 | 4.2 |
| 3. | Farmowners multiple peril | | | | |
| 4. | Homeowners multiple peril | 14,673,698 | 9,951,562 | 67.8 | 54.4 |
| 5. | Commercial multiple peril | | | | |
| 6. | Mortgage guaranty | | | | |
| 8. | Ocean marine | | | | |
| 9. | Inland marine | 321,344 | 131,172 | 40.8 | 23.4 |
| 10. | Financial guaranty | | | | |
| 11.1 | Medical professional liability - occurrence | | | | |
| 11.2 | Medical professional liability - claims-made | | | | |
| 12. | Earthquake | 410,770 | | | 0.0 |
| 13. | Group accident and health | | | | |
| 14. | Credit accident and health | | | | |
| 15. | Other accident and health | | | | |
| 16. | Workers' compensation | | | | |
| 17.1 | Other liability - occurrence | | | | |
| 17.2 | Other liability - claims-made | | | | |
| 17.3 | Excess workers' compensation | | | | |
| 18.1 | Products liability - occurrence | | | | |
| 18.2 | Products liability - claims-made | | | | |
| 19.1,19.2 | Private passenger auto liability | 67,452,145 | 44,805,348 | 66.4 | 62.8 |
| 19.3,19.4 | Commercial auto liability | | | | |
| 21. | Auto physical damage | 45,067,919 | 33,428,821 | 74.2 | 70.5 |
| 22. | Aircraft (all perils) | | | | |
| 23. | Fidelity | | | | |
| 24. | Surety | | | | |
| 26. | Burglary and theft | 13,109 | (3) | 0.0 | 1.1 |
| 27. | Boiler and machinery | | | | |
| 28. | Credit | | | | |
| 29. | International | | | | |
| 30. | Warranty | | | | |
| 31. | Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX | XXX |
| 32. | Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX | XXX |
| 33. | Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX | XXX |
| 34. | Aggregate write-ins for other lines of business | | | | |
| 35. | Totals | 127,945,896 | 88,317,251 | 69.0 | 64.5 |
| DETAILS OF WRITE-INS | | | | | |
| 3401. | ..... |  |  |  |  |
| 3402. | ..... |  |  |  |  |
| 3403. | ..... |  |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | |
| 3499. | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | | | | |

PART 2 - DIRECT PREMIUMS WRITTEN

| Line of Business | | 1 | 2 | 3 |
|----------------------|---|-----------------|-------------------------|----------------------------|
| | | Current Quarter | Current Year to Date | Prior Year Year to Date |
| 1. | Fire | | | |
| 2. | Allied Lines | 7,318 | 7,318 | 4,599 |
| 3. | Farmowners multiple peril | | | |
| 4. | Homeowners multiple peril | 15,328,049 | 15,328,049 | 10,598,065 |
| 5. | Commercial multiple peril | | | |
| 6. | Mortgage guaranty | | | |
| 8. | Ocean marine | | | |
| 9. | Inland marine | 323,428 | 323,428 | 228,318 |
| 10. | Financial guaranty | | | |
| 11.1 | Medical professional liability - occurrence | | | |
| 11.2 | Medical professional liability - claims-made | | | |
| 12. | Earthquake | 383,243 | 383,243 | 299,047 |
| 13. | Group accident and health | | | |
| 14. | Credit accident and health | | | |
| 15. | Other accident and health | | | |
| 16. | Workers' compensation | | | |
| 17.1 | Other liability - occurrence | | | |
| 17.2 | Other liability - claims-made | | | |
| 17.3 | Excess workers' compensation | | | |
| 18.1 | Products liability - occurrence | | | |
| 18.2 | Products liability - claims-made | | | |
| 19.1,19.2 | Private passenger auto liability | 74,749,471 | 74,749,471 | 66,278,034 |
| 19.3,19.4 | Commercial auto liability | | | |
| 21. | Auto physical damage | 49,471,790 | 49,471,790 | 43,314,728 |
| 22. | Aircraft (all perils) | | | |
| 23. | Fidelity | | | |
| 24. | Surety | | | |
| 26. | Burglary and theft | 14,516 | 14,516 | 13,271 |
| 27. | Boiler and machinery | | | |
| 28. | Credit | | | |
| 29. | International | | | |
| 30. | Warranty | | | |
| 31. | Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX |
| 32. | Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX |
| 33. | Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX |
| 34. | Aggregate write-ins for other lines of business | | | |
| 35. | Totals | 140,277,815 | 140,277,815 | 120,736,061 |
| DETAILS OF WRITE-INS | | | | |
| 3401. | ..... |  |  |  |
| 3402. | ..... |  |  |  |
| 3403. | ..... |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | |
| 3499. | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | | | |

STATEMENT AS OF MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--|---|---|--|--|---|---|--|--|--|--|--|---|---|
| Years in Which Losses Occurred | Prior Year-End Known Case Loss and LAE Reserves | Prior Year- End IBNR Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (Cols. 1+2) | 2011 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2011 Loss and LAE Payments (Cols. 4+5) | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End | Q.S. Date IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (Cols.7+8+9) | Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1) | Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2) | Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12) |
| 1. 2008 + Prior | | | | | | | | | | | | | |
| 2. 2009 | | | | | | | | | | | | | |
| 3. Subtotals 2009 + Prior | | | | | | | | | | | | | |
| 4. 2010 | | | | | | | | | | | | | |
| 5. Subtotals 2010 + Prior | | | | | | | | | | | | | |
| 6. 2011 | .XXX | .XXX | .XXX | .XXX | | | .XXX | | | | .XXX | .XXX | .XXX |
| 7. Totals | | | | | | | | | | | | | |
| 8. Prior Year-End Surplus As Regards Policyholders | | | | | | | | | | | Col. 11, Line 7 As % of Col. 1 Line 7 | Col. 12, Line 7 As % of Col. 2 Line 7 | Col. 13, Line 7 As % of Col. 3 Line 7 |
| | | | | | | | | | | | 1. | 2. | 3. |
| | | | | | | | | | | | | | Col. 13, Line 7 As a % of Col. 1 Line 8 |
| | | | | | | | | | | | | | 4. |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

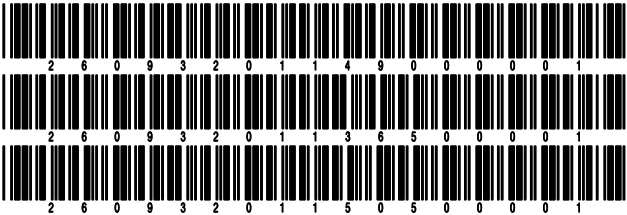
| | Response |
|---|----------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | NO |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? | YES |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| 4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

Explanations:

- 1.
- 3.
- 4.

Bar Codes:

- 1. Trusteed Surplus Statement [Document Identifier 490]
- 3. Medicare Part D Coverage Supplement [Document Identifier 365]
- 4. Director and Officer Supplement [Document Identifier 505]



NONE

SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | | |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 9,826,426 | 12,522,573 |
| 2. Cost of bonds and stocks acquired | | |
| 3. Accrual of discount | 2,950 | 11,864 |
| 4. Unrealized valuation increase (decrease) | | (510,165) |
| 5. Total gain (loss) on disposals | | 511,090 |
| 6. Deduct consideration for bonds and stocks disposed of | | 2,615,586 |
| 7. Deduct amortization of premium | 23,767 | 93,350 |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 9,805,609 | 9,826,426 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 9,805,609 | 9,826,426 |

STATEMENT AS OF MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. Class 1 (a) | 9,527,436 | | | (21,292) | 9,506,144 | | | 9,527,436 |
| 2. Class 2 (a) | 298,990 | | | 475 | 299,465 | | | 298,990 |
| 3. Class 3 (a) | | | | | | | | |
| 4. Class 4 (a) | | | | | | | | |
| 5. Class 5 (a) | | | | | | | | |
| 6. Class 6 (a) | | | | | | | | |
| 7. Total Bonds | 9,826,426 | | | (20,817) | 9,805,609 | | | 9,826,426 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | | | | | | | | |
| 9. Class 2 | | | | | | | | |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | | | | | | | | |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds and Preferred Stock | 9,826,426 | | | (20,817) | 9,805,609 | | | 9,826,426 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$..... ;
NAIC 4 \$; NAIC 5 \$..... ; NAIC 6 \$.....

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|----------------|---------------------------------|-----------|-------------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year-to-Date | Paid for Accrued Interest Year-to-Date |
| 9199999 Totals | 1,716,295 | XXX | 1,716,295 | 15 | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 1,429,214 | 8,253,529 |
| 2. Cost of short-term investments acquired | 37,592,162 | 123,199,246 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | 37,305,081 | 130,023,561 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 1,716,295 | 1,429,214 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 1,716,295 | 1,429,214 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives
N O N E

Schedule E - Verification - Cash Equivalents
N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of
N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------------------------|------|---------------|------------------|---------------|---------------------------------|---------------------------------------|--------------------------------|
| Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received During Year |
| NONE | | | | | | | |
| 8699999 - Total Cash Equivalents | | | | | | | |



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE
COMPANY OF AMERICA

Designate the type of health care
providers reported on this page:
Physicians, including surgeons and
osteopaths

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| States, etc. | 1 | 2 | Direct Losses Paid | | 5 | Direct Losses Unpaid | | 8 |
|--|-------------------------------|------------------------------|--------------------|---------------------------|------------------------------|-----------------------------|---------------------------|---|
| | Direct Premiums Written | Direct Premiums Earned | 3 Amount | 4 No. of Claims | Direct Losses Incurred | 6 Amount Reported | 7 No. of Claims | Direct Losses Incurred But Not Reported |
| 1. Alabama.....AL | | | | | | | | |
| 2. Alaska.....AK | | | | | | | | |
| 3. Arizona.....AZ | | | | | | | | |
| 4. Arkansas.....AR | | | | | | | | |
| 5. California.....CA | | | | | | | | |
| 6. Colorado.....CO | | | | | | | | |
| 7. Connecticut.....CT | | | | | | | | |
| 8. Delaware.....DE | | | | | | | | |
| 9. District of Columbia.....DC | | | | | | | | |
| 10. Florida.....FL | | | | | | | | |
| 11. Georgia.....GA | | | | | | | | |
| 12. Hawaii.....HI | | | | | | | | |
| 13. Idaho.....ID | | | | | | | | |
| 14. Illinois.....IL | | | | | | | | |
| 15. Indiana.....IN | | | | | | | | |
| 16. Iowa.....IA | | | | | | | | |
| 17. Kansas.....KS | | | | | | | | |
| 18. Kentucky.....KY | | | | | | | | |
| 19. Louisiana.....LA | | | | | | | | |
| 20. Maine.....ME | | | | | | | | |
| 21. Maryland.....MD | | | | | | | | |
| 22. Massachusetts.....MA | | | | | | | | |
| 23. Michigan.....MI | | | | | | | | |
| 24. Minnesota.....MN | | | | | | | | |
| 25. Mississippi.....MS | | | | | | | | |
| 26. Missouri.....MO | | | | | | | | |
| 27. Montana.....MT | | | | | | | | |
| 28. Nebraska.....NE | | | | | | | | |
| 29. Nevada.....NV | | | | | | | | |
| 30. New Hampshire.....NH | | | | | | | | |
| 31. New Jersey.....NJ | | | | | | | | |
| 32. New Mexico.....NM | | | | | | | | |
| 33. New York.....NY | | | | | | | | |
| 34. North Carolina.....NC | | | | | | | | |
| 35. North Dakota.....ND | | | | | | | | |
| 36. Ohio.....OH | | | | | | | | |
| 37. Oklahoma.....OK | | | | | | | | |
| 38. Oregon.....OR | | | | | | | | |
| 39. Pennsylvania.....PA | | | | | | | | |
| 40. Rhode Island.....RI | | | | | | | | |
| 41. South Carolina.....SC | | | | | | | | |
| 42. South Dakota.....SD | | | | | | | | |
| 43. Tennessee.....TN | | | | | | | | |
| 44. Texas.....TX | | | | | | | | |
| 45. Utah.....UT | | | | | | | | |
| 46. Vermont.....VT | | | | | | | | |
| 47. Virginia.....VA | | | | | | | | |
| 48. Washington.....WA | | | | | | | | |
| 49. West Virginia.....WV | | | | | | | | |
| 50. Wisconsin.....WI | | | | | | | | |
| 51. Wyoming.....WY | | | | | | | | |
| 52. American Samoa.....AS | | | | | | | | |
| 53. Guam.....GU | | | | | | | | |
| 54. Puerto Rico.....PR | | | | | | | | |
| 55. U.S. Virgin Islands.....VI | | | | | | | | |
| 56. Northern Mariana Islands.....MP | | | | | | | | |
| 57. Canada.....CN | | | | | | | | |
| 58. Aggregate Other Aliens.....OT | | | | | | | | |
| 59. Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5801. | | | | | | | | |
| 5802. | | | | | | | | |
| 5803. | | | | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | |
| 5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above) | | | | | | | | |

NONE



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE
COMPANY OF AMERICA

Designate the type of health care
providers reported on this page:
Hospitals

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| | States, etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported |
|----------------------|---|------------------------------------|-----------------------------------|--------------------|-----------------------|-----------------------------------|-------------------------|-----------------------|--|
| | | | | 3 Amount | 4 No. of Claims | | 6 Amount Reported | 7 No. of Claims | |
| 1. | Alabama | AL | | | | | | | |
| 2. | Alaska | AK | | | | | | | |
| 3. | Arizona | AZ | | | | | | | |
| 4. | Arkansas | AR | | | | | | | |
| 5. | California | CA | | | | | | | |
| 6. | Colorado | CO | | | | | | | |
| 7. | Connecticut | CT | | | | | | | |
| 8. | Delaware | DE | | | | | | | |
| 9. | District of Columbia | DC | | | | | | | |
| 10. | Florida | FL | | | | | | | |
| 11. | Georgia | GA | | | | | | | |
| 12. | Hawaii | HI | | | | | | | |
| 13. | Idaho | ID | | | | | | | |
| 14. | Illinois | IL | | | | | | | |
| 15. | Indiana | IN | | | | | | | |
| 16. | Iowa | IA | | | | | | | |
| 17. | Kansas | KS | | | | | | | |
| 18. | Kentucky | KY | | | | | | | |
| 19. | Louisiana | LA | | | | | | | |
| 20. | Maine | ME | | | | | | | |
| 21. | Maryland | MD | | | | | | | |
| 22. | Massachusetts | MA | | | | | | | |
| 23. | Michigan | MI | | | | | | | |
| 24. | Minnesota | MN | | | | | | | |
| 25. | Mississippi | MS | | | | | | | |
| 26. | Missouri | MO | | | | | | | |
| 27. | Montana | MT | | | | | | | |
| 28. | Nebraska | NE | | | | | | | |
| 29. | Nevada | NV | | | | | | | |
| 30. | New Hampshire | NH | | | | | | | |
| 31. | New Jersey | NJ | | | | | | | |
| 32. | New Mexico | NM | | | | | | | |
| 33. | New York | NY | | | | | | | |
| 34. | North Carolina | NC | | | | | | | |
| 35. | North Dakota | ND | | | | | | | |
| 36. | Ohio | OH | | | | | | | |
| 37. | Oklahoma | OK | | | | | | | |
| 38. | Oregon | OR | | | | | | | |
| 39. | Pennsylvania | PA | | | | | | | |
| 40. | Rhode Island | RI | | | | | | | |
| 41. | South Carolina | SC | | | | | | | |
| 42. | South Dakota | SD | | | | | | | |
| 43. | Tennessee | TN | | | | | | | |
| 44. | Texas | TX | | | | | | | |
| 45. | Utah | UT | | | | | | | |
| 46. | Vermont | VT | | | | | | | |
| 47. | Virginia | VA | | | | | | | |
| 48. | Washington | WA | | | | | | | |
| 49. | West Virginia | WV | | | | | | | |
| 50. | Wisconsin | WI | | | | | | | |
| 51. | Wyoming | WY | | | | | | | |
| 52. | American Samoa | AS | | | | | | | |
| 53. | Guam | GU | | | | | | | |
| 54. | Puerto Rico | PR | | | | | | | |
| 55. | U.S. Virgin Islands | VI | | | | | | | |
| 56. | Nothern Mariana Islands | MP | | | | | | | |
| 57. | Canada | CN | | | | | | | |
| 58. | Aggregate Other Aliens | OT | | | | | | | |
| 59. | Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 5801. | ..... |  |  |  |  |  |  |  |  |
| 5802. | ..... |  |  |  |  |  |  |  |  |
| 5803. | ..... |  |  |  |  |  |  |  |  |
| 5898. | Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | |
| 5899. | Totals (Lines 5801 through 5803 plus 5898)(Line 58 above) | | | | | | | | |



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE
COMPANY OF AMERICA

Designate the type of health care
providers reported on this page:
Other health care professionals,
including dentists

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| | States, etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported |
|----------------------|---|------------------------------------|-----------------------------------|--------------------|-----------------------|-----------------------------------|-------------------------|-----------------------|--|
| | | | | 3 Amount | 4 No. of Claims | | 6 Amount Reported | 7 No. of Claims | |
| 1. | Alabama | AL | | | | | | | |
| 2. | Alaska | AK | | | | | | | |
| 3. | Arizona | AZ | | | | | | | |
| 4. | Arkansas | AR | | | | | | | |
| 5. | California | CA | | | | | | | |
| 6. | Colorado | CO | | | | | | | |
| 7. | Connecticut | CT | | | | | | | |
| 8. | Delaware | DE | | | | | | | |
| 9. | District of Columbia | DC | | | | | | | |
| 10. | Florida | FL | | | | | | | |
| 11. | Georgia | GA | | | | | | | |
| 12. | Hawaii | HI | | | | | | | |
| 13. | Idaho | ID | | | | | | | |
| 14. | Illinois | IL | | | | | | | |
| 15. | Indiana | IN | | | | | | | |
| 16. | Iowa | IA | | | | | | | |
| 17. | Kansas | KS | | | | | | | |
| 18. | Kentucky | KY | | | | | | | |
| 19. | Louisiana | LA | | | | | | | |
| 20. | Maine | ME | | | | | | | |
| 21. | Maryland | MD | | | | | | | |
| 22. | Massachusetts | MA | | | | | | | |
| 23. | Michigan | MI | | | | | | | |
| 24. | Minnesota | MN | | | | | | | |
| 25. | Mississippi | MS | | | | | | | |
| 26. | Missouri | MO | | | | | | | |
| 27. | Montana | MT | | | | | | | |
| 28. | Nebraska | NE | | | | | | | |
| 29. | Nevada | NV | | | | | | | |
| 30. | New Hampshire | NH | | | | | | | |
| 31. | New Jersey | NJ | | | | | | | |
| 32. | New Mexico | NM | | | | | | | |
| 33. | New York | NY | | | | | | | |
| 34. | North Carolina | NC | | | | | | | |
| 35. | North Dakota | ND | | | | | | | |
| 36. | Ohio | OH | | | | | | | |
| 37. | Oklahoma | OK | | | | | | | |
| 38. | Oregon | OR | | | | | | | |
| 39. | Pennsylvania | PA | | | | | | | |
| 40. | Rhode Island | RI | | | | | | | |
| 41. | South Carolina | SC | | | | | | | |
| 42. | South Dakota | SD | | | | | | | |
| 43. | Tennessee | TN | | | | | | | |
| 44. | Texas | TX | | | | | | | |
| 45. | Utah | UT | | | | | | | |
| 46. | Vermont | VT | | | | | | | |
| 47. | Virginia | VA | | | | | | | |
| 48. | Washington | WA | | | | | | | |
| 49. | West Virginia | WV | | | | | | | |
| 50. | Wisconsin | WI | | | | | | | |
| 51. | Wyoming | WY | | | | | | | |
| 52. | American Samoa | AS | | | | | | | |
| 53. | Guam | GU | | | | | | | |
| 54. | Puerto Rico | PR | | | | | | | |
| 55. | U.S. Virgin Islands | VI | | | | | | | |
| 56. | Nothern Mariana Islands | MP | | | | | | | |
| 57. | Canada | CN | | | | | | | |
| 58. | Aggregate Other Aliens | OT | | | | | | | |
| 59. | Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 5801. | ..... |  |  |  |  |  |  |  |  |
| 5802. | ..... |  |  |  |  |  |  |  |  |
| 5803. | ..... |  |  |  |  |  |  |  |  |
| 5898. | Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | |
| 5899. | Totals (Lines 5801 through 5803 plus 5898)(Line 58 above) | | | | | | | | |

NONE



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2011 OF THE NATIONWIDE AFFINITY INSURANCE
COMPANY OF AMERICA

Designate the type of health care
providers reported on this page:
Other health care facilities

SUPPLEMENT A TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| | | 1 | 2 | Direct Losses Paid | | 5 | Direct Losses Unpaid | | 8 |
|----------------------|--|-------------------------------|------------------------------|--------------------|------------------|------------------------------|----------------------|------------------|---|
| | | | | 3 | 4 | | 6 | 7 | |
| States, etc. | | Direct Premiums Written | Direct Premiums Earned | Amount | No. of Claims | Direct Losses Incurred | Amount Reported | No. of Claims | Direct Losses Incurred But Not Reported |
| 1. | Alabama.....AL | | | | | | | | |
| 2. | Alaska.....AK | | | | | | | | |
| 3. | Arizona.....AZ | | | | | | | | |
| 4. | Arkansas.....AR | | | | | | | | |
| 5. | California.....CA | | | | | | | | |
| 6. | Colorado.....CO | | | | | | | | |
| 7. | Connecticut.....CT | | | | | | | | |
| 8. | Delaware.....DE | | | | | | | | |
| 9. | District of Columbia.....DC | | | | | | | | |
| 10. | Florida.....FL | | | | | | | | |
| 11. | Georgia.....GA | | | | | | | | |
| 12. | Hawaii.....HI | | | | | | | | |
| 13. | Idaho.....ID | | | | | | | | |
| 14. | Illinois.....IL | | | | | | | | |
| 15. | Indiana.....IN | | | | | | | | |
| 16. | Iowa.....IA | | | | | | | | |
| 17. | Kansas.....KS | | | | | | | | |
| 18. | Kentucky.....KY | | | | | | | | |
| 19. | Louisiana.....LA | | | | | | | | |
| 20. | Maine.....ME | | | | | | | | |
| 21. | Maryland.....MD | | | | | | | | |
| 22. | Massachusetts.....MA | | | | | | | | |
| 23. | Michigan.....MI | | | | | | | | |
| 24. | Minnesota.....MN | | | | | | | | |
| 25. | Mississippi.....MS | | | | | | | | |
| 26. | Missouri.....MO | | | | | | | | |
| 27. | Montana.....MT | | | | | | | | |
| 28. | Nebraska.....NE | | | | | | | | |
| 29. | Nevada.....NV | | | | | | | | |
| 30. | New Hampshire.....NH | | | | | | | | |
| 31. | New Jersey.....NJ | | | | | | | | |
| 32. | New Mexico.....NM | | | | | | | | |
| 33. | New York.....NY | | | | | | | | |
| 34. | North Carolina.....NC | | | | | | | | |
| 35. | North Dakota.....ND | | | | | | | | |
| 36. | Ohio.....OH | | | | | | | | |
| 37. | Oklahoma.....OK | | | | | | | | |
| 38. | Oregon.....OR | | | | | | | | |
| 39. | Pennsylvania.....PA | | | | | | | | |
| 40. | Rhode Island.....RI | | | | | | | | |
| 41. | South Carolina.....SC | | | | | | | | |
| 42. | South Dakota.....SD | | | | | | | | |
| 43. | Tennessee.....TN | | | | | | | | |
| 44. | Texas.....TX | | | | | | | | |
| 45. | Utah.....UT | | | | | | | | |
| 46. | Vermont.....VT | | | | | | | | |
| 47. | Virginia.....VA | | | | | | | | |
| 48. | Washington.....WA | | | | | | | | |
| 49. | West Virginia.....WV | | | | | | | | |
| 50. | Wisconsin.....WI | | | | | | | | |
| 51. | Wyoming.....WY | | | | | | | | |
| 52. | American Samoa.....AS | | | | | | | | |
| 53. | Guam.....GU | | | | | | | | |
| 54. | Puerto Rico.....PR | | | | | | | | |
| 55. | U.S. Virgin Islands.....VI | | | | | | | | |
| 56. | Nothern Mariana Islands.....MP | | | | | | | | |
| 57. | Canada.....CN | | | | | | | | |
| 58. | Aggregate Other Aliens.....OT | | | | | | | | |
| 59. | Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 5801. | ..... |  |  |  |  |  |  |  |  |
| 5802. | ..... |  |  |  |  |  |  |  |  |
| 5803. | ..... |  |  |  |  |  |  |  |  |
| 5898. | Summary of remaining write-ins for Line 58 from overflow page..... | | | | | | | | |
| 5899. | Totals (Lines 5801 through 5803 plus 5898)(Line 58 above) | | | | | | | | |