



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2011  
OF THE CONDITION AND AFFAIRS OF THE

Nationwide Affinity Insurance Company of America

NAIC Group Code	0140	0140	NAIC Company Code	26093	Employer's ID Number	48-0470690
	(Current)	(Prior)				
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.		Columbus , OH 43215-2220			
	(Street and Number)		(City or Town, State and Zip Code)			
Main Administrative Office	One West Nationwide Blvd.					
	(Street and Number)					
	Columbus , OH 43215-2220		614-249-7111			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	One West Nationwide Blvd., 1-04-701		Columbus , OH 43215-2220			
	(Street and Number or P.O. Box)		(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		614-249-1545			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Internet Web Site Address	www.nationwide.com					
Statutory Statement Contact	Arlene E. Swanson		614-249-1545			
	(Name)		(Area Code) (Telephone Number)			
	FinRpt@nationwide.com		866-315-1430			
	(E-mail Address)		(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
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DIRECTORS OR TRUSTEES

David Gerard Arango	Lawrence Allen Hilsheimer	Michael Patrick Leach
Mark Angelo Pizzi	Kathryne 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		a. Is this an original filing? .....
day of October , 2011		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 .....	9,762,518		9,762,518	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 (\$ .....239,230 ), cash equivalents				
(\$ ..... ) and short-term				
investments (\$ .....1,707,667 ) .....	1,946,897		1,946,897	1,465,315
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....	5,100		5,100	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) .....	11,714,515		11,714,515	11,507,301
13. Title plants less \$ ..... charged off (for Title insurers				
only) .....				
14. Investment income due and accrued .....	128,890		128,890	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 .....	43,582,411		43,582,411	32,753,210
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	12,962,694		12,962,694	13,508,552
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				355,146
18.2 Net deferred tax asset .....	130,609	130,609		
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 .....	13,784	6,321	7,463	781,685
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	1,986		1,986	
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	68,534,889	136,930	68,397,959	59,025,999
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts .....				
28. Total (Lines 26 and 27) .....	68,534,889	136,930	68,397,959	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. Miscellaneous assets .....	1,986		1,986	
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)	1,986		1,986	

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE   NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

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)) .....	233,000	
7.2 Net deferred tax liability .....		
8. Borrowed money \$ ..... and interest thereon \$ ..... .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....197,499,554 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) .....	48,951,165	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 .....		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 .....	6,755,439	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 .....	545,000	154,978
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	56,484,604	47,222,206
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	56,484,604	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) .....	540,626	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) .....	11,913,355	11,803,793
38. Totals (Page 2, Line 28, Col. 3)	68,397,959	59,025,999
<b>DETAILS OF WRITE-INS</b>		
2501. Escrow liability .....	69,278	144,817
2502. State surcharge/recoupment payable .....	58,395	6,247
2503. Miscellaneous liabilities .....	417,327	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)	545,000	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 \$ 460,945,367 )	416,996,120	343,468,617	467,463,051
1.2 Assumed (written \$ )			
1.3 Ceded (written \$ 460,945,367 )	416,996,120	343,468,617	467,463,051
1.4 Net (written \$ )			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ )::			
2.1 Direct	355,800,022	249,134,886	354,966,742
2.2 Assumed			
2.3 Ceded	355,800,022	249,134,886	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	265,432	376,365	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)	265,432	684,250	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)	265,432	684,250	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)	265,432	684,250	789,401
19. Federal and foreign income taxes incurred	233,001	(465,091)	(430,279)
20. Net income (Line 18 minus Line 19)(to Line 22)	32,431	1,149,341	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)	32,431	1,149,341	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	116,411	(530,321)	(540,312)
27. Change in nonadmitted assets	139,278	(166,149)	(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	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)	109,562	2,299,822	2,396,207
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	11,913,355	11,707,408	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 .....	12,816,396	3,027,973	1,556,286
2. Net investment income .....	320,555	479,536	614,337
3. Miscellaneous income .....	545,859	(2,711,447)	(6,347,134)
4. Total (Lines 1 to 3) .....	13,682,810	796,062	(4,176,511)
5. Benefit and loss related payments .....	10,829,201	10,321,715	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 .....		933,573	933,573
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....203,205 tax on capital gains (losses) .....	(355,145)	(624,033)	(624,848)
10. Total (Lines 5 through 9) .....	10,474,056	10,631,255	15,547,761
11. Net cash from operations (Line 4 minus Line 10) .....	3,208,754	(9,835,193)	(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 .....	293,911		
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	293,911	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 .....		291,223	240,136
13.7 Total investments acquired (Lines 13.1 to 13.6) .....		291,223	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) .....	293,911	2,324,363	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	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) .....	(3,021,083)	(1,620,410)	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) .....	(3,021,083)	379,590	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) ..	481,582	(7,131,240)	(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) .....	1,946,897	1,122,859	1,465,315

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

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# 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 not to be 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**

Effective January 1, 2011, the Company changed the reinsurance arrangements under which several affiliated companies cede all their direct and assumed business to the pool. See Note 26 for details.

**Note 11 - Debt**

No change.

NOTES TO FINANCIAL STATEMENTS

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

No change.

**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.

NOTES TO FINANCIAL STATEMENTS

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.

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 September 30, 2011.

**Note 21 - Other Items**

No change.

**Note 22 - Events Subsequent**

There were no events occurring subsequent to September 30, 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**

Effective January 1, 2011 the following companies contracts were converted from quota share reinsurance agreements to pooling reinsurance agreements with Nationwide Mutual Insurance Company whereby they receive no retrocession: Nationwide General Insurance Company, Nationwide Property & Casualty Insurance Company, Nationwide Affinity Insurance Company of America, Crestbrook Insurance Company, Allied Insurance Company of America, AMCO Insurance Company, Allied Property & Casualty Insurance Company, Depositors Insurance Company, Nationwide Agribusiness Insurance Company, Victoria Fire & Casualty Insurance Company, Victoria Automobile Insurance Company, Victoria Specialty Insurance Company, Victoria Select Insurance Company, and Victoria National Insurance Company. Nationwide Mutual Insurance Company is the lead company in the Nationwide Pool. The companies receiving business from the Nationwide Pool are:

	<u>NAIC #</u>	<u>POOL</u>
Nationwide Mutual Insurance Company (Lead Insurer)	23787	83.7%
Nationwide Mutual Fire Insurance Company	23779	11.3%
Scottsdale Insurance Company	41297	4.0%
Farmland Mutual Insurance Company	13838	1.0%

**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.



NOTES TO FINANCIAL STATEMENTS

Note 36 – Financial Guaranty Insurance

A. and B. Not applicable.

STATEMENT AS OF SEPTEMBER 30, 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. ....

12/31/2011
- 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 Mutual Insurance Company .....	Columbus, OH .....	YES	NO	NO	NO	NO
Nationwide Mutual Fire Insurance Company .....	Columbus, OH .....	YES	NO	NO	NO	NO
Nationwide Financial Services, Inc. ....	Columbus, OH .....	YES	NO	NO	NO	NO
Nationwide Corporation .....	Columbus, OH .....	YES	NO	NO	NO	NO
Nationwide Bank .....	Columbus, OH .....	NO	YES	NO	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

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<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>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? .....

Yes [   ]   No [   ]

If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 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? .....  
If yes, attach an explanation.  
See Note 26

Yes [ X ] No [ ] N/A [ ]
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? .....  
If yes, attach an explanation.

Yes [ ] No [ X ]
- 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 .....

0.000 %
- 5.2

A&H cost containment percent .....

0.000 %
- 5.3

A&H expense percent excluding cost containment expenses .....

0.000 %
- 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 .....\$.....

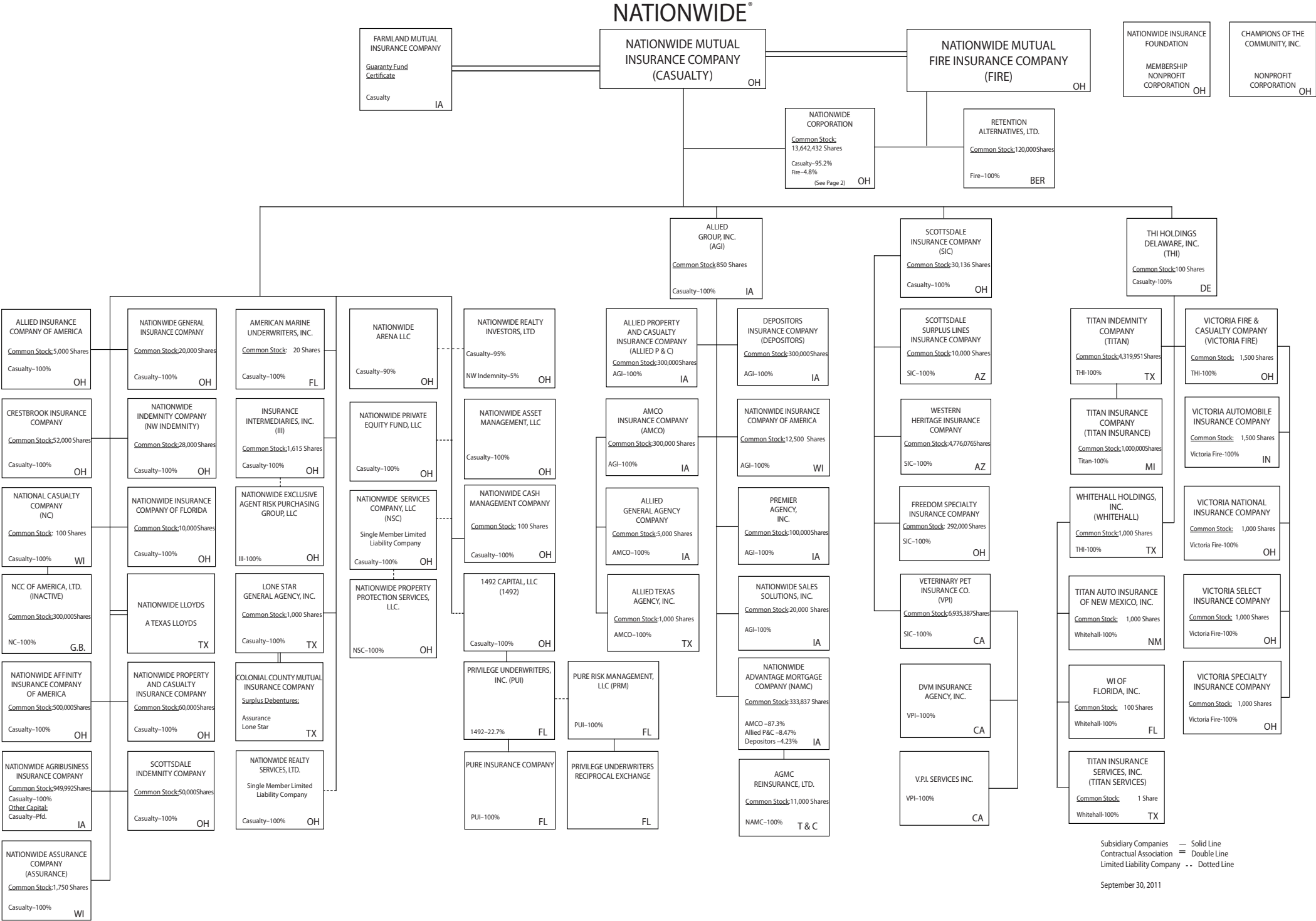


SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

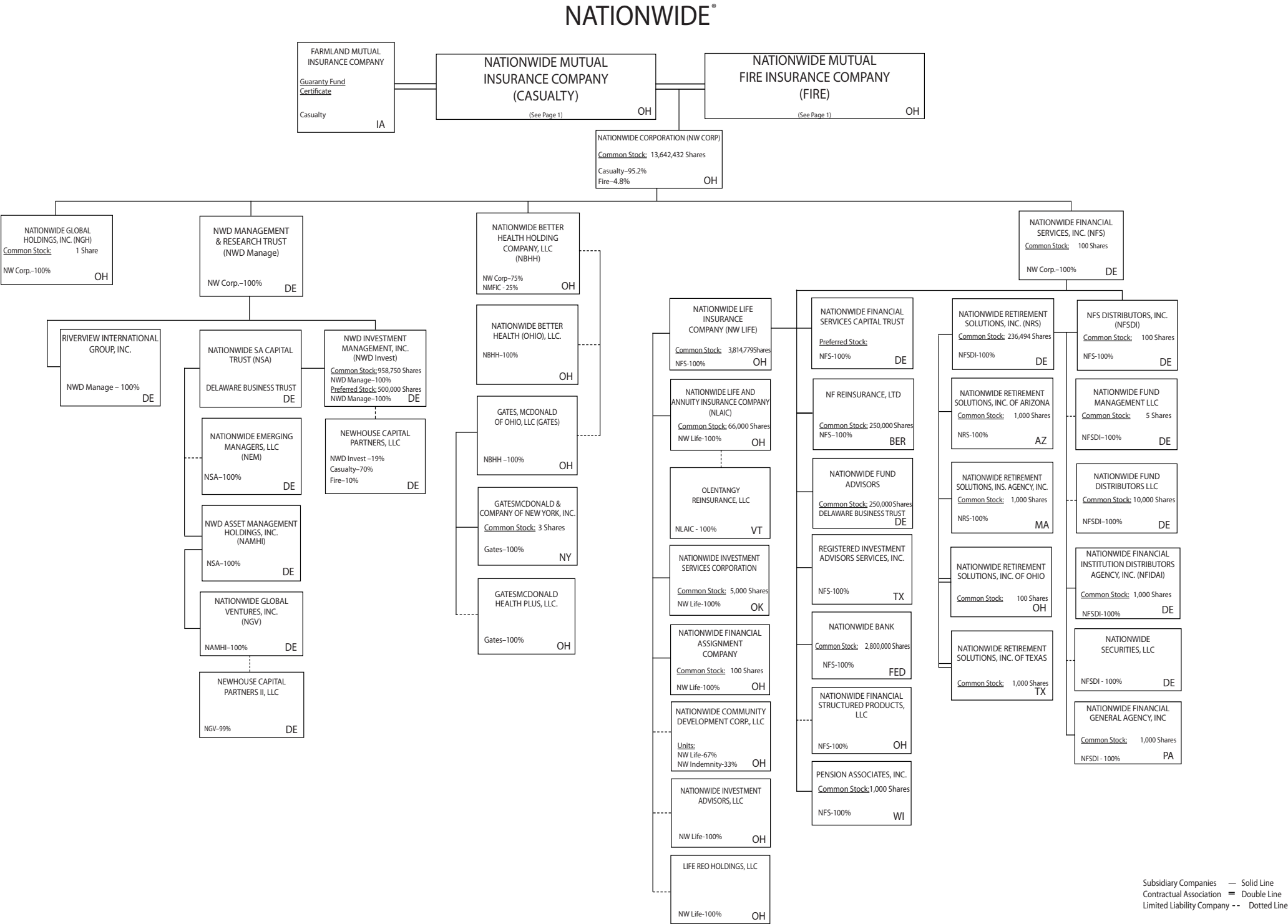
Current Year to Date - Allocated by States and Territories							
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama AL	L						
2. Alaska AK	L						
3. Arizona AZ	L	4,001,053	2,843,742	7,169,817	764,902	2,109,315	461,207
4. Arkansas AR	L						
5. California CA	L	(179)		89,973	67,140	(1,058)	38,396
6. Colorado CO	L	6,781,783	5,751,084	3,599,274	4,144,422	2,014,777	1,204,762
7. Connecticut CT	L						
8. Delaware DE	L						
9. District of Columbia DC	L	849,427	1,120,786	385,464	894,381	402,777	585,400
10. Florida FL	L	(2)					
11. Georgia GA	L	14,108,586		3,298,795		2,696,189	
12. Hawaii HI	N						
13. Idaho ID	L	707,716	219,847	119,164	34,518	48,700	8,257
14. Illinois IL	L	1,396,158	1,087,262	1,598,083	1,032,844	238,140	352,244
15. Indiana IN	L	6,153,839	4,734,899	3,813,648	2,338,552	1,967,227	1,609,077
16. Iowa IA	L	16,579,659	13,905,455	17,356,739	9,100,754	7,835,205	3,836,661
17. Kansas KS	L	22,734,501	21,438,409	13,830,148	10,802,887	7,293,100	7,212,402
18. Kentucky KY	L						
19. Louisiana LA	L						
20. Maine ME	L	626,201	681,277	261,032	459,587	279,903	176,221
21. Maryland MD	L	8,586,425		1,197,825		1,305,810	
22. Massachusetts MA	L						
23. Michigan MI	N						
24. Minnesota MN	L	4,213,261	5,138,304	3,121,958	3,139,104	3,157,387	2,405,769
25. Mississippi MS	L						
26. Missouri MO	L	39,280,718	36,382,497	44,893,826	19,980,681	15,671,684	12,478,220
27. Montana MT	L						
28. Nebraska NE	L	12,924,373	10,134,067	8,696,119	5,772,134	4,025,085	3,756,642
29. Nevada NV	L	(69)					
30. New Hampshire NH	L						
31. New Jersey NJ	L						
32. New Mexico NM	L						
33. New York NY	L	14,647,793		3,088,994		3,973,443	
34. North Carolina NC	L	78,164,889	80,211,672	62,322,594	57,607,443	38,514,058	41,333,316
35. North Dakota ND	L	347,918	54,879	74,054	2	28,174	3,783
36. Ohio OH	L	103,586	78,045	119,767	39,644	14,400	9,020
37. Oklahoma OK	L						
38. Oregon OR	L	1,215,918	751,158	269,945	252,791	314,983	92,667
39. Pennsylvania PA	L	209,486,394	167,928,526	148,512,851	99,743,732	95,452,053	74,134,881
40. Rhode Island RI	L						
41. South Carolina SC	L						
42. South Dakota SD	L	1,486,486	630,753	831,456	137,576	261,411	91,785
43. Tennessee TN	L	4,006,896		478,432		498,341	
44. Texas TX	L	(217)					
45. Utah UT	L	1,782,338	1,029,374	579,347	323,546	198,421	136,200
46. Vermont VT	L						
47. Virginia VA	L						
48. Washington WA	L	515,223	384,659	238,911	94,442	89,077	56,519
49. West Virginia WV	L						
50. Wisconsin WI	L	9,678,392	13,318,320	6,246,098	7,728,184	7,208,084	6,768,452
51. Wyoming WY	L	566,301	250,231	183,290	293,600	106,014	193,662
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	460,945,367	368,075,246	332,377,604	224,752,864	195,702,700	156,945,545
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 INSURANCE COMPANIES

STATEMENT AS OF SEPTEMBER 30, 2011 OF THE NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

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	Allied Insurance Company of America
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 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire .....				
2.	Allied Lines .....	21,990	1,007	4.6	3.5
3.	Farmowners multiple peril .....				
4.	Homeowners multiple peril .....	48,300,200	74,027,244	153.3	95.8
5.	Commercial multiple peril .....				
6.	Mortgage guaranty .....				
8.	Ocean marine .....				
9.	Inland marine .....	1,045,967	490,467	46.9	31.2
10.	Financial guaranty .....				
11.1	Medical professional liability - occurrence .....				
11.2	Medical professional liability - claims-made .....				
12.	Earthquake .....	1,301,245	23	0.0	0.4
13.	Group accident and health .....				
14.	Credit accident and health .....				
15.	Other accident and health .....				
16.	Workers' compensation .....				
17.1	Other liability - occurrence .....	5			
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 .....	220,216,152	167,192,209	75.9	73.3
19.3,19.4	Commercial auto liability .....				
21.	Auto physical damage .....	146,070,159	114,088,973	78.1	66.2
22.	Aircraft (all perils) .....				
23.	Fidelity .....				
24.	Surety .....				
26.	Burglary and theft .....	40,402	99	0.2	(0.2)
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 .....	416,996,120	355,800,022	85.3	72.5
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 .....	8,300	24,816	19,470
3.	Farmowners multiple peril .....			
4.	Homeowners multiple peril .....	21,813,546	57,960,476	41,140,068
5.	Commercial multiple peril .....			
6.	Mortgage guaranty .....			
8.	Ocean marine .....			
9.	Inland marine .....	461,063	1,208,251	876,843
10.	Financial guaranty .....			
11.1	Medical professional liability - occurrence .....			
11.2	Medical professional liability - claims-made .....			
12.	Earthquake .....	551,688	1,475,081	1,199,303
13.	Group accident and health .....			
14.	Credit accident and health .....			
15.	Other accident and health .....			
16.	Workers' compensation .....			
17.1	Other liability - occurrence .....	11	11	
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 .....	89,423,239	241,002,443	195,348,321
19.3,19.4	Commercial auto liability .....			
21.	Auto physical damage .....	58,850,001	159,232,005	129,452,431
22.	Aircraft (all perils) .....			
23.	Fidelity .....			
24.	Surety .....			
26.	Burglary and theft .....	15,064	42,284	38,810
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 .....	171,122,912	460,945,367	368,075,246
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 SEPTEMBER 30, 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.

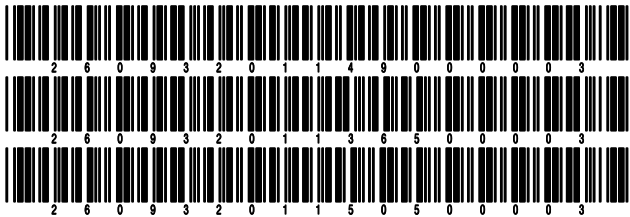
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	YES
3. Will the Medicare Part D Coverage Supplement be filed 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 .....	8,987	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 .....	72,895	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) .....	9,762,518	9,826,426
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	9,762,518	9,826,426

STATEMENT AS OF SEPTEMBER 30, 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) .....	9,484,272			(22,189)	9,506,144	9,484,272	9,462,083	9,527,436
2. Class 2 (a) .....	299,945			490	299,465	299,945	300,435	298,990
3. Class 3 (a) .....								
4. Class 4 (a) .....								
5. Class 5 (a) .....								
6. Class 6 (a) .....								
7. Total Bonds	9,784,217			(21,699)	9,805,609	9,784,217	9,762,518	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	9,784,217			(21,699)	9,805,609	9,784,217	9,762,518	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	1,707,667	xxx	1,707,667	9	

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 .....	146,031,328	123,199,246
3.   Accrual of discount .....		
4.   Unrealized valuation increase (decrease) .....		
5.   Total gain (loss) on disposals .....		
6.   Deduct consideration received on disposals .....	145,752,875	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) .....	1,707,667	1,429,214
11.  Deduct total nonadmitted amounts .....		
12.  Statement value at end of current period (Line 10 minus Line 11)	1,707,667	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 SEPTEMBER 30, 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 SEPTEMBER 30, 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 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 SEPTEMBER 30, 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)								

NONE



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 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 SEPTEMBER 30, 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

	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)								