

Applicant Company Name: Nationwide Mutual Insurance Company

NAIC No.: 23787

FEIN: 31-4177100

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: <See UCAA FAQs for details> UCAA Type: <See UCAA FAQs for details> Other: New Director

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Nationwide Mutual Insurance Company

Address: One West Nationwide Blvd.

City: Columbus

State/Province: Ohio

Postal Code: 43215-2220

Phone: 614-677-6367

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Julie Middle: Anna Last: Potts

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? None

3. Affiant's occupation or profession: Business Executive/Lawyer

4. Affiant's business address: 1150 Connecticut Avenue, NW, 12th Floor, Washington, DC 20036

Business telephone: 202-587-4231

Business Email: japotts@meatinstitute.org

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Bryn Mawr College	Bryn Mawr, Pennsylvania	08/87-05/91	AB-English

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Law School	The George Washington University Law School	Washington, DC	09/95-05/97	JD

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Wharton School of the University of Pennsylvania	Philadelphia, Pennsylvania	01/14	Finance & Accounting for Non-Financial Managers

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Nationwide Mutual Insurance Company

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6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: See Attachment A

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending
Dates (MM/YY): _____ - _____ Employer's Name: See Attachment A

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending
Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending
Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending
Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: Nationwide Mutual Insurance Company

NAIC No.: 23787

FEIN: 31-4177100

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☒ No ☐

If any claims were made on the bond, give details: Employees and officers of Nationwide are covered under a blanket fidelity bond.

No claims have been made under the bond for officers.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: None

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: The District of Columbia Bar Address: 901 4th Street, NW

City: Washington State/Province: DC Country: USA Postal Code: 20001

License Type: Law License #: 463626 Date Issued (MM/YY): 1999

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 202-737-4700

Organization/Issuer of License: The Virginia Bar Association Address: 111 East Main Street, Suite 905

City: Richmond State/Province: Virginia Country: USA Postal Code: 23219

License Type: Law License #: 41800 Date Issued (MM/YY): 1997

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 804-644-0041

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

Applicant Company Name: Nationwide Mutual Insurance Company

NAIC No.: 23787

FEIN: 31-4177100

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☐ No ☒

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

None

Applicant Company Name: Nationwide Mutual Insurance Company

NAIC No.: 23787

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12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: None

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 0140

Applicant Company Name: Nationwide Mutual Insurance Company

NAIC No.: 23787

FEIN: 31-4177100

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

During my tenure as an officer or director, the insurance companies within NAIC Group 0140 have paid various non-material regulatory fines.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of August 20 21 at Columbus, Ohio. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Julie Anna Potts
(Signature of Affiant)

State of: OHIO County of: FRANKLIN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 16th day of August, 2021 by Julie Anna Potts, and: ☒ who is personally known to me, or ☐ who produced the following identification: _____.

[SEAL]



Mary G. Marshall
Notary Public, State of Ohio
My Commission Expires 08-27-25

Mary G. Marshall
Notary Public
Mary G. Marshall
Printed Notary Name
August 27, 2025
My Commission Expires

Applicant Company Name: Nationwide Mutual Insurance Company

NAIC No.: 23787

FEIN: 31-4177100

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: <See UCAA FAQs for details> **UCAA Type:** <See UCAA FAQs for details> **Other:** New Director

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Nationwide Mutual Insurance Company

Address: One West Nationwide Blvd. City: Columbus

State/Province: Ohio Postal Code: 43215-2220 Phone: 614-677-6367

1. Affiant's Full Name (Initials Not Acceptable): First: Julie Middle: Anna Last: Potts

IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes ☐ No ☒

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
		<u>None</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen:

Government ID Number:

Country of Issuance:

None

None

5. Foreign Student ID# (if applicable): None

Applicant Company Name: Nationwide Mutual Insurance Company

NAIC No.: 23787

FEIN: 31-4177100

6. Date of Birth: (MM/DD/YY) : 11/09/69 Place of Birth, City: Birmingham
State/Province: Alabama Country: USA

7. Name of Affiant's Spouse (if applicable) : Parks Shackelford

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
05/99 - now	3001 North Monroe Street	Arlington	Virginia	USA	22207

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 16th day of August, 2021 at Columbus, Ohio. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Julie Anna Potts
(Signature of Affiant)

State of: OHIO County of: FRANKLIN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 16th day of August, 2021 by Julie Anna Potts, and: ☒ who is personally known to me, or ☐ who produced the following identification: _____.

[SEAL]



Mary G. Marshall
Notary Public, State of Ohio
My Commission Expires 08-27-25

Mary G. Marshall
Notary Public
Mary G. Marshall
Printed Notary Name
August 27, 2025
My Commission Expires

Applicant Company Name: Nationwide Mutual Insurance Company
NAIC No.: 23787

FEIN: 31-4177100

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Nationwide Mutual Insurance Company [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact not requested

[company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Julie Anna Potts, 3001 North Monroe Street, Arlington, Virginia 22207
(Printed Full Name and Residence Address)

Julie Anna Potts
(Signature)

August 16, 2021
(Date)

State of: OHIO County of: FRANKLIN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 16th day of August, 20 21 by Julie Anna Potts, and: ☒ who is personally known to me, or ☐ who produced the following identification: _____

[SEAL]



Mary G. Marshall
Notary Public, State of Ohio
My Commission Expires 08-27-25

Mary G. Marshall
Notary Public
Mary G. Marshall
Printed Notary Name
August 27, 2025
My Commission Expires

Applicant Company Name: Nationwide Mutual Insurance Company
NAIC No.: 23787

FEIN: 31-4177100

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Nationwide Mutual Insurance Company [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to not requested [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Julie Anna Potts, 3001 North Monroe Street, Arlington, Virginia 22207

(Printed Full Name and Residence Address)

Julie Anna Potts
(Signature)

August 16, 2021
(Date)

State of: OHIO County of: FRANKLIN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 16th day of August, 2021 by Julie Anna Potts, and: ☒ who is personally known to me, or ☐ who produced the following identification: _____.

[SEAL]



Mary G. Marshall
Notary Public, State of Ohio
My Commission Expires 08-27-25

Mary G. Marshall
Notary Public
Mary G. Marshall
Printed Notary Name
August 27, 2025
My Commission Expires

Applicant Company Name: Nationwide Mutual Insurance Company
NAIC No.: 23787

FEIN: 31-4177100

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Nationwide Mutual Insurance Company [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Business Information Group [name of CRA, address] ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to not requested [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

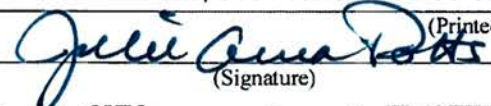
Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Julie Anna Potts, 3001 North Monroe Street, Arlington, Virginia 22207


(Signature)

(Printed Full Name and Residence Address)

August 16, 2021

(Date)

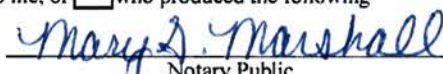
State of: OHIO County of FRANKLIN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 16th day of August, 2021 by Julie Anna Potts, and: ☒ who is personally known to me, or ☐ who produced the following identification: _____

[SEAL]



Mary G. Marshall
Notary Public, State of Ohio
My Commission Expires 08-27-25


Notary Public
Mary G. Marshall
Printed Notary Name
August 27, 2025
My Commission Expires

ATTACHMENT "A" TO BIOGRAPHICAL AFFIDAVIT				
RESPONSE TO ITEMS 7 AND 8				
JULIE ANNA POTTS				
Nationwide Mutual Insurance Company, Affiliates and Subsidiaries -- as listed below One Nationwide Plaza, Columbus, OH 43215 Contact: Mark E. Hartman, Assistant Secretary hartmam1@nationwide.com; (614) 677-6367				
Entity (Domicile)	Title	Address	Effective Date	End Date
Nationwide Corporation	Director	One West Nationwide Blvd., Columbus, Ohio 43215-2220	4/1/2021	Current
Nationwide Mutual Fire Insurance Company (OH)	Director	One West Nationwide Blvd., Columbus, Ohio 43215-2220	4/1/2021	Current
Nationwide Mutual Insurance Company (OH)	Director	One West Nationwide Blvd., Columbus, Ohio 43215-2220	4/1/2021	Current
Other Non-Nationwide Employment				
Agriculture Future of America	Director	11500 NW Ambassador Drive, Suite 306, Kansas City, Missouri 64153	2/2020	Current
International Stockmen's Educational Foundation	Director	P.O. Box 3075 Corsicana, Texas 75151	2019	Current
North American Meat Institute	President & CEO	1150 Connecticut Avenue, NW, 12th Floor, Washington, DC 20036	9/24/2018	Current
International Meat Secretariat	Board Member	5 Rue Lespagnol, 75020 Paris, France	9/24/2018	Current
The Pennsylvania State University	Trustee	201 Old Main, University Park, Pennsylvania 16802	7/2015	Current
American Farm Bureau Federation	Executive Vice President	600 Maryland Avenue SW, Suite 1000 W, Washington DC 20024	2011	2018
American Farm Bureau Federation	Treasurer	600 Maryland Avenue SW, Suite 1000 W, Washington DC 20024	2011	2016
U.S. Senate Committee on Agriculture, Nutrition & Forestry	Chief Counsel	328A Russell Senate Office Building, Washington, DC 20510	2009	2011
Miriam's Kitchen	Chairman of the Board	2401 Virginia Avenue NW, Washington, DC 20037	2008	2010
Miriam's Kitchen	Board Member	2401 Virginia Avenue NW, Washington, DC 20037	2005	2011
American Farm Bureau Federation	General Counsel and Secretary	600 Maryland Avenue SW, Suite 1000 W, Washington DC 20024	2004	2009
Mayer Brown LLP	Associate	1999 K Street, NW, Washington, DC 20006-1101	2000	2004
Julie Anna Potts				