

Medicare Supplement was not included in the original PDF file.



# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2002  
OF THE CONDITION AND AFFAIRS OF THE

## NATIONWIDE LIFE INSURANCE COMPANY

NAIC Group Code 0140 0140 NAIC Company Code 66869 Employer's ID Number 31-4156830  
(Current Period) (Prior Period)

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

Country of Domicile United States of America

Incorporated 03/21/1929 Commenced Business 01/10/1931

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

Main Administrative Office One Nationwide Plaza  
Columbus, OH 43215-2220 800-882-2822  
(City or Town, State and Zip Code) (Street and Number) (Area Code) (Telephone Number)

Mail Address One Nationwide Plaza, 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 Nationwide Plaza  
Columbus, OH 43215-2220 800-882-2822-97952  
(City or Town, State and Zip Code) (Street and Number) (Area Code) (Telephone Number)

Internet Website Address www.nationwide.com

Statement Contact John A. Reese 800-882-2822-97952  
(Name) (Area Code) (Telephone Number) (Extension)  
reeseja@nationwide.com 614-677-6688  
(E-mail Address) (FAX Number)

Policyowner Relations Contact P. O. Box 182835  
Columbus, OH 43218-2835 800-547-7548  
(City or Town, State and Zip Code) (Street and Number) (Area Code) (Telephone Number) (Extension)

### OFFICERS

President Joseph John Gasper Secretary Patricia Ruth Hatler  
Treasurer Brian Waggoner Nocco Actuary Philip Clarence Gath

### VICE PRESIDENTS

<u>John Roscoe Cook, Jr.</u>	<u>David Andrew Diamond</u>	<u>Philip Clarence Gath</u>
<u>Patricia Ruth Hatler</u>	<u>Richard Dale Headley</u>	<u>Michael Stevens Helfer</u>
<u>David Karl Hollingsworth</u>	<u>David Ralph Jahn</u>	<u>Donna Anita James</u>
<u>Richard Andrew Karas</u>	<u>Michael Craig Keller</u>	<u>Gregory Samuel Lashutka</u>
<u>Edwin Pugh McCausland, Jr.</u>	<u>Gary Denison McMahan #</u>	<u>Robert Harold McNaghten</u>
<u>Michael Dean Miller</u>	<u>Brian Waggoner Nocco</u>	<u>Robert Alan Oakley</u>
<u>Mark David Phelan</u>	<u>Kathleen Dunbar Ricord #</u>	<u>Douglas Craig Robinette</u>
<u>Robert Allen Rosholt #</u>	<u>John Stephen Skubik</u>	<u>Mark Raymond Thresher</u>
<u>Richard Michael Waggoner</u>	<u>Susan Ackerman Wolken</u>	

### DIRECTORS OR TRUSTEES

<u>Joseph Anthony Alutto #</u>	<u>James Gilbert Brocksmith, Jr. #</u>	<u>Joseph John Gasper</u>
<u>Henry Scarborough Holloway #</u>	<u>William Gerald Jurgensen</u>	<u>Lydia Micheaux Marshall #</u>
<u>Donald Lee McWhorter #</u>	<u>David Owen Miller #</u>	<u>James Ferry Patterson #</u>
<u>Gerald Dennis Prothro #</u>	<u>Arden Lee Shisler #</u>	<u>Alex Shumate #</u>

State of Ohio }  
County of Franklin } ss

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.

Joseph John Gasper Glenn Warren Soden, Assistant Secretary David Allen Jacoby, Controller  
President Secretary Treasurer

Subscribed and sworn to before me this  
14th day of February, 2003

a. Is this an original filing? Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number 0  
2. Date filed \_\_\_\_\_  
3. Number of pages attached 0





**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF Alabama**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	.08/12/1982		.05/11/2001	.03/01/1992	Medicare Supplement	29,575	22,694	76.7	18	.0	.0	.0	.0
Yes	2121AL	A	No	0034000	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement	1,746	1,486	85.1	2	1,746	285	16.3	2
Yes	2122AL	B	No	0034000	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement	13,312	4,643	34.9	10	5,346	2,263	42.3	5
Yes	2123AL	F	No	0034000	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement	192,331	130,470	67.8	115	35,779	16,360	45.7	24
Yes	2129-1	C	No	0034000	.08/03/1999	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement	.0	.0	.0	0	6,393	3,441	53.8	4
<b>0199999 Total Experience on Individual Policies</b>										236,964	159,293	67.2	145	49,264	22,349	45.4	35
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.AL



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF Arkansas**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11	12		14	15	16		18
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
Yes	1522	P	No	0034000	08/31/1982		04/30/2001	12/01/1989	Medicare Supplement	10,656	2,709	25.4	7	0	0	0.0	0
0199999 Total Experience on Individual Policies										10,656	2,709	25.4	7	0	0	0.0	0
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give complete and full details: .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 2.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 3.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
4. Explain any policies identified above as policy type "O". .....

360.AR



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF Connecticut**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	2121CT94	A	No	0034060	07/28/1992	11/01/2002	08/01/2001	12/01/2002	Medicare Supplement	7,003	6,185	88.3	9	159,738	137,499	86.1	249
Yes	2122CT94	B	No	0034060	07/28/1992	11/01/2002	08/01/2001	12/01/2002	Medicare Supplement	11,998	16,559	138.0	10	430,169	306,620	71.3	362
Yes	2123CT94	F	No	0034000	07/28/1992	11/01/2002	08/01/2001	12/01/2002	Medicare Supplement	429,708	371,223	86.4	230	1,255,985	1,004,312	80.0	696
0199999 Total Experience on Individual Policies										448,709	393,967	87.8	249	1,845,892	1,448,431	78.5	1,307
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.CT



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF Delaware

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11	12		14	15	16		18
											Incurred Claims	13			Incurred Claims	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	1522	P	No	0034000	09/13/1982		05/16/2001	01/01/1991	Medicare Supplement	12,796	9,153	71.5	8	0	0	0.0	0
0199999 Total Experience on Individual Policies										12,796	9,153	71.5	8	0	0	0.0	0
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.DE



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF Florida**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1524	P	No	0034000	12/16/1982		05/10/2001	12/01/1991	Medicare Supplement	306,700	328,882	107.2	290	0	0	0.0	0
Yes	2121FL	A	No	0034000	03/12/1992	12/03/2002	05/10/2001	12/01/2002	Medicare Supplement	17,036	13,124	77.0	20	31,834	13,420	42.2	28
Yes	2122FL	B	No	0034000	03/12/1992	12/03/2002	05/10/2001	12/01/2002	Medicare Supplement	149,115	151,868	101.8	134	119,005	81,905	68.8	95
Yes	2123FL	F	No	0034000	03/12/1992	12/03/2002	05/10/2001	12/01/2002	Medicare Supplement	1,507,366	1,177,125	78.1	1,025	220,078	131,021	59.5	133
<b>0199999 Total Experience on Individual Policies</b>										1,980,217	1,670,999	84.4	1,469	370,917	226,346	61.0	256
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.FL



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF Georgia

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	1522	P	No	0034000	11/17/1982		05/31/2001	07/01/1989	Medicare Supplement	26,977	36,532	135.4	20	0	0	0.0	0
Yes	1924	P	No	0034000	09/19/1989		05/31/2001	07/01/1992	Medicare Supplement	46,265	24,572	53.1	42	0	0	0.0	0
Yes	2121GA	A	No	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	4,202	6,171	146.9	5	1,303	524	40.2	2
Yes	2122GA	B	No	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	15,279	27,442	179.6	14	9,923	10,633	107.2	10
Yes	2123GA	F	No	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	433,470	359,815	83.0	281	123,548	90,291	73.1	79
<b>0199999 Total Experience on Individual Policies</b>										526,193	454,532	86.4	362	134,774	101,448	75.3	91
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
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  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.GA



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF Illinois**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	11/20/1982		06/26/2001	12/01/1989	Medicare Supplement	10,005	13,751	137.4	5	0	0	0.0	0
Yes	2122	B	No	0034000	05/31/1994	12/19/2002	06/26/2001	12/01/2002	Medicare Supplement	0	0	0.0	0	2,929	4,357	148.8	1
Yes	2123	F	No	0034000	05/31/1994	12/19/2002	06/26/2001	12/01/2002	Medicare Supplement	8,806	4,570	51.9	5	4,740	844	17.8	3
0199999 Total Experience on Individual Policies										18,811	18,321	97.4	10	7,669	5,201	67.8	4
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
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  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.JL



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF Indiana**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	.09/21/1982		.05/21/2001	12/01/1991	Medicare Supplement	59,582	41,315	69.3	36	.0	.0	.0	.0
Yes	2121 IN	A	No	0034000	.01/09/1995	.11/04/2002	.05/21/2001	12/01/2002	Medicare Supplement	1,160	1,860	160.3	2	4,960	8,021	161.7	6
Yes	2122 IN	B	No	0034000	.01/09/1995	.11/04/2002	.05/21/2001	12/01/2002	Medicare Supplement	11,876	2,999	25.3	9	.0	.0	.0	.0
Yes	2123 IN	F	No	0034000	.01/09/1995	.11/04/2002	.05/21/2001	12/01/2002	Medicare Supplement	65,403	49,847	76.2	36	12,534	10,229	81.6	7
<b>0199999 Total Experience on Individual Policies</b>										138,021	96,021	69.6	83	17,494	18,250	104.3	13
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
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- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.IN



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF Kentucky

NAIC Group Code 0140 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 Person Completing This Exhibit John A. Reese Title Statutory Accounting Director NAIC Company Code 66869 Telephone Number 614-249-7952

Table with 18 columns: 1-10 (Compliance, Policy Form, Supplement, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-13 (Policies Issued Through 1999: Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned), 14 (Number of Covered Lives), 15-17 (Policies Issued in 2000, 2001, 2002: Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned), 18 (Number of Covered Lives). Includes rows for individual policies and summary rows for total experience on individual and group policies.

360.KY

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give complete and full details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501
2.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501
3.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207
4. Explain any policies identified above as policy type "O".



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF Maine**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	10/06/1982		06/14/2001	12/01/1989	Medicare Supplement	3,548	1,426	40.2	2	0	0	0.0	0
0199999 Total Experience on Individual Policies										3,548	1,426	40.2	2	0	0	0.0	0
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give complete and full details: .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 2.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 3.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
4. Explain any policies identified above as policy type "O". .....

360.ME



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF Maryland

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	2121MD	A	No	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	8,804	7,541	85.7	13	4,322	4,379	101.3	6
Yes	2122MD	B	No	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	5,895	8,713	147.8	7	54,397	45,689	84.0	67
Yes	2123MD	F	No	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	581,198	457,343	78.7	441	621,784	825,560	132.8	450
0199999 Total Experience on Individual Policies										595,897	473,597	79.5	461	680,503	875,628	128.7	523
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.MD



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF Minnesota**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MS-1 0990	0	No	0000007				12/31/1993	Medicare Supplement, Extended Basic	33,698	81,572	242.1	25	0	0	0.0	0
0199999 Total Experience on Individual Policies										33,698	81,572	242.1	25	0	0	0.0	0
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give complete and full details: .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 2.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 3.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
4. Explain any policies identified above as policy type "O".  
 Extended Basic Medicare Supplement plan defined in Minnesota state regulations .....

360.MN



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF Mississippi**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	08/24/1982		04/27/2001	06/01/1992	Medicare Supplement	58,342	40,227	69.0	38	0	0	0.0	0
Yes	2121	A	No	0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	1,015	14	1.4	0	0	0	0.0	0
Yes	2122	B	No	0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	11,997	9,642	80.4	9	0	0	0.0	0
Yes	2123	F	No	0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	237,603	137,627	57.9	136	30,681	24,627	80.3	17
<b>0199999 Total Experience on Individual Policies</b>										308,957	187,510	60.7	183	30,681	24,627	80.3	17
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.MS



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF North Carolina**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220  
 Person Completing This Exhibit John A. Reese  
 Title Statutory Accounting Director Telephone Number 614-249-7952

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			18	
										11	12	13	14	15	16		17
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	1522	P	No	0034000	09/13/1982	11/05/2002	04/24/2001	12/01/1991	Medicare Supplement	388,869	280,631	72.2	324	0	0	0.0	0
Yes	2121NC	A	No	0034060	06/16/1992	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	25,177	11,838	47.0	32	26,796	33,255	124.1	32
Yes	2122NC	B	No	0034000	06/16/1992	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	61,946	42,624	68.8	59	7,900	2,524	31.9	8
Yes	2123NC	F	No	0034000	06/16/1992	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	1,723,955	1,359,271	78.8	1,245	346,519	215,162	62.1	247
Yes	2124NC	L	No	0034000	06/16/1992	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	71,760	37,318	52.0	28	35,742	48,294	51.2	48
Yes	2129NC	C	No	0034060	07/05/2000	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	0	0	0.0	0	13,517	5,584	41.3	13
<b>0199999 Total Experience on Individual Policies</b>										2,271,707	1,731,682	76.2	1,688	430,474	274,819	63.8	318
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give complete and full details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: CHS Services Inc. 411 N Baylen St. Pensacola, Florida 32501
  - 2.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: CHS Services Inc. 411 N Baylen St. Pensacola, Florida 32501
  - 3.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207
- Explain any policies identified above as policy type "O".



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF Ohio**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	07/15/1982		05/15/2001	04/01/1992	Medicare Supplement	602,300	391,048	64.9	333	0	0	0.0	0
Yes	1857	P	No	0034000	12/30/1987		05/15/2001	04/01/1992	Medicare Supplement	3,063	1,802	58.8	2	0	0	0.0	0
Yes	2121	A	No	0034000	03/20/1992	11/01/2002	05/15/2001	12/01/2002	Medicare Supplement	18,814	6,165	32.8	25	9,566	4,499	47.0	17
Yes	2122	B	No	0034000	03/20/1992	11/01/2002	05/15/2001	12/01/2002	Medicare Supplement	129,560	96,111	74.2	129	127,018	99,287	78.2	132
Yes	2123	F	No	0034000	03/20/1992	11/01/2002	05/15/2001	12/01/2002	Medicare Supplement	1,690,419	1,099,506	65.0	1,168	346,228	228,874	66.1	253
<b>0199999 Total Experience on Individual Policies</b>										<b>2,444,156</b>	<b>1,594,632</b>	<b>65.2</b>	<b>1,657</b>	<b>482,812</b>	<b>332,660</b>	<b>68.9</b>	<b>402</b>
Yes	GR11000	A	No	0030500	11/27/1992		11/14/2002		Ohio County Farm Bureau Group	41,215	30,067	73.0	79	11,999	26,364	219.7	23
Yes	GR11000	C	No	0030500	11/27/1992		11/14/2002		Ohio County Farm Bureau Group	2,422,003	1,599,959	66.1	1,702	286,030	193,606	67.7	201
Yes	GR11000	H	No	0030500	11/27/1992		11/14/2002		Ohio County Farm Bureau Group	4,796,323	3,754,704	78.3	2,248	192,024	106,961	55.7	90
<b>0299999 Total Experience on Group Policies</b>										<b>7,259,541</b>	<b>5,384,730</b>	<b>74.2</b>	<b>4,029</b>	<b>490,053</b>	<b>326,931</b>	<b>66.7</b>	<b>314</b>

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.OH



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF Oregon**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	02/05/1986		06/01/2001	01/01/1989	Medicare Supplement	3,532	1,747	49.5	2	0	0	0.0	0
0199999 Total Experience on Individual Policies										3,532	1,747	49.5	2	0	0	0.0	0
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give complete and full details: .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 2.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 3.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
4. Explain any policies identified above as policy type "O". .....

360.0R



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF Pennsylvania**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	11/30/1982		05/07/2001	08/01/1989	Medicare Supplement	265,930	166,364	62.6	146	0	0	0.0	0
Yes	1926	P	No	0034000	08/03/1989		05/07/2001	07/01/1990	Medicare Supplement	299,132	219,350	73.3	164	0	0	0.0	0
Yes	2121PA	A	No	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	16,252	7,322	45.1	21	45,735	24,297	53.1	60
Yes	2122PA	B	No	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	149,496	90,707	60.7	122	291,455	186,866	64.1	229
Yes	2129	C	No	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	1,774,642	1,203,406	67.8	1,052	1,449,850	919,310	63.4	809
<b>0199999 Total Experience on Individual Policies</b>										<b>2,505,452</b>	<b>1,687,149</b>	<b>67.3</b>	<b>1,505</b>	<b>1,787,040</b>	<b>1,130,473</b>	<b>63.3</b>	<b>1,098</b>
<b>0299999 Total Experience on Group Policies</b>										<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give complete and full details: .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 2.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - 3.2 Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
4. Explain any policies identified above as policy type "O". .....

360.PA



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF Rhode Island**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	12/31/1982		01/23/1991	01/01/1989	Medicare Supplement	0	(17)	0.0	0	0	0	0.0	0
0199999 Total Experience on Individual Policies										0	(17)	0.0	0	0	0	0.0	0
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.RI



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF South Carolina**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P	No	0034000	10/06/1982		04/25/2001	04/01/1992	Medicare Supplement	105,191	79,640	75.7	81	0	0	0.0	0
Yes	2121SC	A	No	0034000	02/05/1993	11/05/2002	04/25/2001	12/01/2002	Medicare Supplement	5,240	2,306	44.0	6	1,904	297	15.6	2
Yes	2122SC	B	No	0034000	02/05/1993	11/05/2002	04/25/2001	12/01/2002	Medicare Supplement	32,212	15,536	48.2	25	10,615	4,737	44.6	7
Yes	2123SC	F	No	0034000	02/05/1993	11/05/2002	04/25/2001	12/01/2002	Medicare Supplement	515,408	346,538	67.2	291	85,460	29,179	34.1	50
Yes	2129SC	C	No	0034000	07/24/2000	11/05/2002	04/25/2001	12/01/2002	Medicare Supplement	0	0	0.0	0	6,374	2,671	41.9	5
<b>0199999 Total Experience on Individual Policies</b>										658,051	444,020	67.5	403	104,353	36,884	35.3	64
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.SC



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF Tennessee**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1522	P.	No	0034000	.09/01/1982		.05/31/2001	.06/01/1992	Medicare Supplement	99,494	96,866	97.4	56	.0	.0	.0	.0
Yes	2121TN	A.	No	0034000	.06/30/1992	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement	.996	2,701	271.2	1	1,907	.640	33.6	2
Yes	2122TN	B.	No	0034000	.06/30/1992	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement	16,945	8,585	50.7	11	7,671	4,205	54.8	4
Yes	2123TN	F.	No	0034000	.06/30/1992	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement	451,746	344,776	76.3	252	46,892	17,566	37.5	26
Yes	2129TN	C.	No	0034000	.03/10/2000	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement	.0	.0	.0	.0	6,398	2,856	44.6	5
<b>0199999 Total Experience on Individual Policies</b>										569,181	452,928	79.6	320	62,868	25,267	40.2	37
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.TN



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF Texas**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	2121TX	A	No	0034060	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	2,748	267	9.7	3	15,002	20,556	137.0	16
Yes	2122TX	B	No	0034000	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	1,475	344	23.3	1	13,327	8,020	60.2	7
Yes	2123TX	F	No	0034000	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	91,352	60,467	66.2	44	72,253	39,160	54.2	35
0199999 Total Experience on Individual Policies										95,575	61,078	63.9	48	100,582	67,736	67.3	58
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.TX



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

**FOR THE STATE OF Virginia**

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	1522	P	No	0034000	09/27/1982		05/11/2001	02/01/1989	Medicare Supplement	142,473	108,707	76.3	89	0	0	0.0	0
Yes	1925	P	No	0034000	02/27/1989		05/11/2001	07/01/1992	Medicare Supplement	172,598	130,274	75.5	109	0	0	0.0	0
Yes	2121VA	A	No	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	6,684	13,054	195.3	9	1,817	915	50.4	3
Yes	2122VA	B	No	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	66,747	42,210	63.2	67	13,535	4,876	36.0	15
Yes	2123VA	F	No	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	833,392	574,652	69.0	589	503,241	391,832	77.9	349
<b>0199999 Total Experience on Individual Policies</b>										1,221,894	868,897	71.1	863	518,593	397,623	76.7	367
<b>0299999 Total Experience on Group Policies</b>										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.VA



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2002 OF THE NATIONWIDE LIFE INSURANCE COMPANY**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF West Virginia

NAIC Group Code 0140 ..... NAIC Company Code 66869  
 Address (City, State and Zip Code) Columbus, Ohio 43215-2220 .....  
 Person Completing This Exhibit John A. Reese .....  
 Title Statutory Accounting Director ..... Telephone Number 614-249-7952

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
Yes	1523	P	No	0034000	.09/22/1982		.05/30/2001	12/01/1991	Medicare Supplement	354,562	221,400	62.4	250	.0	.0	.0	.0	.0	
Yes	2121WV	A	No	0034000	.02/27/1992	.11/07/2002	.05/30/2001	12/01/2002	Medicare Supplement	3,060	1,173	38.3	3	4,615	1,055	22.9	6		
Yes	2122WV	B	No	0034000	.02/27/1992	.11/07/2002	.05/30/2001	12/01/2002	Medicare Supplement	51,593	34,824	67.5	51	4,929	939	19.1	5		
Yes	2123WV	F	No	0034000	.02/27/1992	.11/07/2002	.05/30/2001	12/01/2002	Medicare Supplement	689,912	490,737	71.1	445	114,324	68,375	59.8	75		
Yes	2129WV	C	No	0034000	.08/02/1999	.11/07/2002	.05/30/2001	12/01/2002	Medicare Supplement	.0	.0	.0	.0	2,865	1,427	49.8	2		
0199999 Total Experience on Individual Policies										1,099,127	748,134	68.1	749	126,733	71,796	56.7	88		
0299999 Total Experience on Group Policies										0	0	0.0	0	0	0.0	0			

GENERAL INTERROGATORIES

- If response in Column 1 is no, give complete and full details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: CHCS Services Inc. 411 N Baylen St Pensacola, Florida 32501 .....
  - Contact Person and Phone Number: Harry Shaw 850-432-1700-2207 .....
- Explain any policies identified above as policy type "O". .....

360.WV