



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

Nationwide Life Insurance Company

NAIC Group Code	0140 (Current)	0140 (Prior)	NAIC Company Code	66869	Employer's ID Number	31-4156830
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Incorporated/Organized	03/21/1929		Commenced Business		01/10/1931	
Statutory Home Office	One West Nationwide Blvd. (Street and Number)		Columbus, OH 43215-2220 (City or Town, State and Zip Code)			
Main Administrative Office	One West Nationwide Blvd. (Street and Number)		Columbus, OH 43215-2220 (City or Town, State and Zip Code)			
	Columbus, OH 43215-2220 (City or Town, State and Zip Code)		800-882-2822 (Area Code) (Telephone Number)			
Mail Address	One West Nationwide Blvd., 1-04-701 (Street and Number or P.O. Box)		Columbus, OH 43215-2220 (City or Town, State and Zip Code)			
Primary Location of Books and Records	One West Nationwide Blvd., 1-04-701 (Street and Number)		Columbus, OH 43215-2220 (City or Town, State and Zip Code)			
	Columbus, OH 43215-2220 (City or Town, State and Zip Code)		800-882-2822 (Area Code) (Telephone Number)			
Internet Website Address	www.nationwide.com					
Statutory Statement Contact	Arlene E. Swanson (Name)		614-249-1545 (Area Code) (Telephone Number)			
	statacct@nationwide.com (E-mail Address)		877-669-5908 (FAX Number)			

OFFICERS

President & COO	Kirt Alan Walker	Sr VP & Treasurer	David Patrick LaPaul
VP - Corp Governance & Secretary	Robert William Horner III	VP - NF Actuary	Steven Andrew Ginnan

OTHER

Anne Louise Arvia Sr VP - NW Retirement Plans	Wesley Kim Austen Sr VP - P&C Comm/Farm Prod	Paul Douglas Ballew Sr VP - Chief Economist
David Alan Bano # Sr VP - Chief Claims Officer	James David Benson # Sr VP - CAO & Corp Controller	Pamela Ann Biesecker Sr VP - Head of Taxation
William Joseph Burke Sr VP - NF Brand Marketing	John Laughlin Carter Sr VP - Dist & Sales	Roger Alan Craig Sr VP - Division Gen Counsel
Robert James Dickson Sr VP - IT Strategic Initiatives	Thomas Williams Dietrich Sr VP - Deputy Gen Counsel	Steven Michael English # Sr VP
Timothy Gerard Frommeyer Sr VP - CFO	Mark Anthony Gaetano Sr VP - CIO Enterprise	Peter Anthony Golato Sr VP - Ind Protection Bus Head
Judith Lynn Greenstein Sr VP - Pres Nationwide Bank	Applications	Susan Jean Gueli Sr VP - CIO NF Systems
Melissa Doss Gutierrez # Sr VP - PCIO Sales Support	Daniel Gerard Greteman # Sr VP - CIO ACS	Jennifer Marie Hanley Sr VP, NI Brand Marketing
Patricia Ruth Hatler Exec VP & Chief Legal & Gov Off	Harry Hansen Hallowell Sr VP	Eric Shawn Henderson Sr VP - Ind Invest Bus Head
Terri Lynn Hill Exec VP	Gordon Elliott Hecker Sr VP - Corporate Marketing	Matthew Eric Jauchius # Exec VP - Chief Market/Strat
Michael Craig Keller Exec VP - Chief Info Officer	Lawrence Allen Hilsheimer Exec VP - Finance	Officer
Katherine Marie Liebel # Sr VP - Corp Strategy	Gale Verdell King Exec VP - Chief Human Res Officer	Michael Patrick Leach Sr VP - CFO - P&C
Kai Vincent Monahan Sr VP - Internal Audit	Michael William Mahaffey Sr VP, Chief Risk Officer	Robert Phillips McIsaac # Sr VP - Bus Trans Office
Mark Angelo Pizzi Exec VP	Gregory Stephen Moran Sr VP - CIO IT Infrastructure	Sandra Lee Neely Sr VP - Deputy Gen Counsel
Stephen Scott Rasmussen Chief Executive Officer	Steven Charles Power Sr VP - NF	Robert Joseph Puccio Sr VP - Associate Services
Amy Taylor Shore # Sr VP - Field Operations EC	Sandra Lynn Rich # Sr VP - Chief Compliance Officer	Jeff Millard Rommel # Sr VP - Field Operations IC
Guruprasad Chitrapura Vasudeva Sr VP - Enterprise	Michael Scott Spangler Sr VP - Invest Manag Group	Mark Raymond Thresher Exec VP
Chief Tech Off		

DIRECTORS OR TRUSTEES

Timothy Gerard Frommeyer	Peter Anthony Golato	Stephen Scott Rasmussen
Mark Raymond Thresher	Kirt Alan Walker	

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.

Kirt Alan Walker
President & COO

Robert William Horner, III
VP - Corp Governance & Secretary

David Patrick LaPaul
Sr VP & Treasurer

Subscribed and sworn to before me this 25 day of JANUARY 2012

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



Jeffrey W. Cloud
Notary Public, State of Ohio
My Commission Expires 09-29-2016



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,895,324		22,296		4,917,621
2. Annuity considerations	3,471,640				3,471,640
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	66,338,132		59,493,013		125,831,145
5. Totals (Sum of Lines 1 to 4)	74,705,096		59,515,310		134,220,406
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	160,895		23		160,918
6.2 Applied to pay renewal premiums	99,610				99,610
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	306,889				306,889
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	567,393		23		567,416
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	567,393		23		567,416
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,298,018		35,543		1,333,561
10. Matured endowments	9,230				9,230
11. Annuity benefits	39,497,936		68,432,546		107,930,482
12. Surrender values and withdrawals for life contracts	5,171,195		2,457		5,173,653
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	93,500				93,500
15. Totals	46,069,880		68,470,546		114,540,426
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	26	251,718							26	251,718
17. Incurred during current year	68	1,293,645			12	35,545			80	1,329,190
Settled during current year:										
18.1 By payment in full	84	1,409,869			12	35,545			96	1,445,414
18.2 By payment on compromised claims										
18.3 Totals paid	84	1,409,869			12	35,545			96	1,445,414
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	84	1,409,869			12	35,545			96	1,445,414
19. Unpaid Dec. 31, current year (16+17-18.6)	10	135,494							10	135,494
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	8,660	1,139,820,988	(a)		3	27,549,281			8,663	1,167,370,269
21. Issued during year	3	800,000							3	800,000
22. Other changes to in force (Net)	(505)	(69,572,006)			(1)	(276,610)			(506)	(69,848,616)
23. In force December 31 of current year	8,158	1,071,048,982	(a)		2	27,272,671			8,160	1,098,321,653

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	551,626	533,483		261,736	255,236
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	77,839	77,839		26,440	26,440
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	19	19			
25.6 Totals (sum of Lines 25.1 to 25.5)	77,858	77,858		26,440	26,440
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	629,485	611,342		288,176	281,676

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products77 and number of persons insured under indemnity only products521 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,574,022		1,672,045		4,246,067
2. Annuity considerations	659,804				659,804
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	7,903,292		1,891,160		9,794,453
5. Totals (Sum of Lines 1 to 4)	11,137,119		3,563,205		14,700,324
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	10,039				10,039
6.2 Applied to pay renewal premiums	13,529				13,529
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	14,320				14,320
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	37,888				37,888
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	37,888				37,888
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	(714)		5,970		5,256
10. Matured endowments	1,689				1,689
11. Annuity benefits	2,870,380		3,308,289		6,178,670
12. Surrender values and withdrawals for life contracts	2,284,277				2,284,277
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	5				5
15. Totals	5,155,637		3,314,259		8,469,897
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	179,243							5	179,243
17. Incurred during current year	(1)	(2,000)			3	5,970			2	3,970
Settled during current year:										
18.1 By payment in full	2	175,000			3	5,970			5	180,970
18.2 By payment on compromised claims										
18.3 Totals paid	2	175,000			3	5,970			5	180,970
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	175,000			3	5,970			5	180,970
19. Unpaid Dec. 31, current year (16+17-18.6)	2	2,243							2	2,243
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	486	111,591,321	(a)			628,607			486	112,219,928
21. Issued during year										
22. Other changes to in force (Net)	(17)	(5,798,488)				(155,970)			(17)	(5,954,458)
23. In force December 31 of current year	469	105,792,833	(a)			472,637			469	106,265,469

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	772,362	771,937		3,486	3,986
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	772,362	771,937		3,486	3,986

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____9 and number of persons
insured under indemnity only products _____13 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	15,009,750		12,356,030		27,365,780
2. Annuity considerations	9,627,057		85,864		9,712,921
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	156,992,890		157,341,119		314,334,008
5. Totals (Sum of Lines 1 to 4)	181,629,696		169,783,013		351,412,709
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	195,484				195,484
6.2 Applied to pay renewal premiums	173,126				173,126
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	291,374		13		291,387
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	659,984		13		659,996
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	659,984		13		659,996
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,087,499		541,397		4,628,896
10. Matured endowments	25,742				25,742
11. Annuity benefits	88,873,409		158,072,683		246,946,091
12. Surrender values and withdrawals for life contracts	5,946,073		16,732		5,962,805
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	48,279				48,279
15. Totals	98,981,001		158,630,812		257,611,814
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	30	1,193,102							30	1,193,102
17. Incurred during current year	96	4,067,974			34	549,812			130	4,617,786
Settled during current year:										
18.1 By payment in full	117	5,066,840			32	548,734			149	5,615,574
18.2 By payment on compromised claims										
18.3 Totals paid	117	5,066,840			32	548,734			149	5,615,574
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	117	5,066,840			32	548,734			149	5,615,574
19. Unpaid Dec. 31, current year (16+17-18.6)	9	194,236			2	1,078			11	195,314
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	5,759	1,228,187,954	(a)		200	595,263,950			5,959	1,823,451,904
21. Issued during year	40	21,710,864			32	32,353,154			72	54,064,018
22. Other changes to in force (Net)	(376)	(229,305,788)			(6)	(1,488,750)			(382)	(230,794,537)
23. In force December 31 of current year	5,423	1,020,593,030	(a)		226	626,128,354			5,649	1,646,721,385

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,260,436	3,029,641		1,329,897	1,271,597
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	421	421			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	27,221	27,221		45,448	45,448
25.3 Non-renewable for stated reasons only (b)	1,090	1,090			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	28,311	28,311		45,448	45,448
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,289,168	3,058,372		1,375,345	1,317,045

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products926 and number of persons
insured under indemnity only products861 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2011

NAIC Group Code 0140

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2, 147, 564		64, 204		2, 211, 768
2. Annuity considerations	409, 932				409, 932
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	42, 809, 663		55, 680, 037		98, 489, 700
5. Totals (Sum of Lines 1 to 4)	45, 367, 159		55, 744, 241		101, 111, 400
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	59, 755				59, 755
6.2 Applied to pay renewal premiums	20, 184				20, 184
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	96, 909				96, 909
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	176, 849				176, 849
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	176, 849				176, 849
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4, 293, 362		61, 401		4, 354, 763
10. Matured endowments	8, 000				8, 000
11. Annuity benefits	15, 984, 678		30, 778, 236		46, 762, 914
12. Surrender values and withdrawals for life contracts	1, 619, 520		634		1, 620, 155
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	21, 894				21, 894
15. Totals	21, 927, 454		30, 840, 271		52, 767, 725
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	128, 256							7	128, 256
17. Incurred during current year	35	4, 289, 478			7	62, 888			42	4, 352, 366
Settled during current year:										
18.1 By payment in full	38	4, 237, 443			7	62, 888			45	4, 300, 331
18.2 By payment on compromised claims										
18.3 Totals paid	38	4, 237, 443			7	62, 888			45	4, 300, 331
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	38	4, 237, 443			7	62, 888			45	4, 300, 331
19. Unpaid Dec. 31, current year (16+17-18.6)	4	180, 290							4	180, 290
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	3, 555	476, 560, 999	(a)		3	22, 854, 208			3, 558	499, 415, 207
21. Issued during year										
22. Other changes to in force (Net)	(233)	(54, 988, 104)			5	(3, 719, 546)			(228)	(58, 707, 650)
23. In force December 31 of current year	3, 322	421, 572, 895	(a)		8	19, 134, 662			3, 330	440, 707, 557

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	692, 861	563, 418		504, 531	493, 131
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7, 326	7, 326		3, 324	3, 324
25.3 Non-renewable for stated reasons only (b)	1, 672	1, 672		43, 750	43, 750
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8, 998	8, 998		47, 074	47, 074
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	701, 859	572, 416		551, 605	540, 205

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products15 and number of persons insured under indemnity only products673 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	61,696,325		67,141,326		128,837,651
2. Annuity considerations	30,852,308				30,852,308
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	826,751,020		284,413,571		1,111,164,591
5. Totals (Sum of Lines 1 to 4)	919,299,653		351,554,897		1,270,854,550
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,228,542		213		1,228,755
6.2 Applied to pay renewal premiums	1,235,662		14		1,235,675
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,292,093		150		2,292,243
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,756,297		377		4,756,674
Annuities:					
7.1 Paid in cash or left on deposit	232				232
7.2 Applied to provide paid-up annuities					
7.3 Other	72				72
7.4 Totals (Sum of Lines 7.1 to 7.3)	304				304
8. Grand Totals (Lines 6.5 plus 7.4)	4,756,601		377		4,756,978
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	29,818,919		8,548,159		38,367,078
10. Matured endowments	79,477				79,477
11. Annuity benefits	453,563,000		479,732,549		933,295,549
12. Surrender values and withdrawals for life contracts	76,080,266		71,958,230		148,038,496
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	149,919				149,919
15. Totals	559,691,582		560,238,938		1,119,930,520
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	151	3,967,414							151	3,967,414
17. Incurred during current year	263	29,535,068			194	8,804,090			457	38,339,157
Settled during current year:										
18.1 By payment in full	361	30,740,238			155	8,740,483			516	39,480,721
18.2 By payment on compromised claims										
18.3 Totals paid	361	30,740,238			155	8,740,483			516	39,480,721
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	361	30,740,238			155	8,740,483			516	39,480,721
19. Unpaid Dec. 31, current year (16+17-18.6)	53	2,762,244			39	63,606			92	2,825,850
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	29,558	9,317,946,680	(a)		1,812	2,600,219,820			31,370	11,918,166,500
21. Issued during year	120	138,308,904			225	426,688,731			345	564,997,635
22. Other changes to in force (Net)	(1,916)	(871,889,302)			(246)	(518,870,150)			(2,162)	(1,390,759,452)
23. In force December 31 of current year	27,762	8,584,366,283	(a)		1,791	2,508,038,401			29,553	11,092,404,684

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	9,601,694	35,406,226		36,024,527	30,470,221
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	443	443		3,150	3,150
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	33,688	33,688		38,966	38,966
25.3 Non-renewable for stated reasons only (b)	1,556	1,556		8,085	8,085
25.4 Other accident only					
25.5 All other (b)	311	311			
25.6 Totals (sum of Lines 25.1 to 25.5)	35,555	35,555		47,051	47,051
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,637,691	35,442,223		36,074,728	30,520,423

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products68,616 and number of persons
insured under indemnity only products2,838 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	5,315,097		1,835,497		7,150,594
2. Annuity considerations	4,707,051				4,707,051
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	140,128,881		29,282,590		169,411,471
5. Totals (Sum of Lines 1 to 4)	150,151,030		31,118,087		181,269,116
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	156,202		20		156,222
6.2 Applied to pay renewal premiums	162,150		5		162,156
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	234,812		37		234,849
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	553,164		63		553,227
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	553,164		63		553,227
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,831,485		62,573		1,894,058
10. Matured endowments	7,869				7,869
11. Annuity benefits	66,070,118		59,753,021		125,823,139
12. Surrender values and withdrawals for life contracts	5,285,162		5,926		5,291,088
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	2,273				2,273
15. Totals	73,196,907		59,821,520		133,018,426
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	20	1,033,467							20	1,033,467
17. Incurred during current year	56	1,775,253			24	67,892			80	1,843,145
Settled during current year:										
18.1 By payment in full	69	2,754,863			21	59,743			90	2,814,606
18.2 By payment on compromised claims										
18.3 Totals paid	69	2,754,863			21	59,743			90	2,814,606
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	69	2,754,863			21	59,743			90	2,814,606
19. Unpaid Dec. 31, current year (16+17-18.6)	7	53,857			3	8,149			10	62,006
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	5,174	1,064,708,456	(a)		38	134,252,919			5,212	1,198,961,375
21. Issued during year	1	305,645							1	305,645
22. Other changes to in force (Net)	(225)	(200,481,177)			(2)	183,801			(227)	(200,297,376)
23. In force December 31 of current year	4,950	864,532,924	(a)		36	134,436,720			4,986	998,969,644

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,045,138	1,889,632		1,752,653	1,755,853
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)				2,400	2,400
25.2 Guaranteed renewable (b)	19,421	19,421		17,119	17,119
25.3 Non-renewable for stated reasons only (b)	651	651			
25.4 Other accident only					
25.5 All other (b)	371	371			
25.6 Totals (sum of Lines 25.1 to 25.5)	20,442	20,442		19,519	19,519
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,065,581	1,910,074		1,772,172	1,775,372

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products805 and number of persons
insured under indemnity only products614 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,868,117		792,110		9,660,227
2. Annuity considerations	5,893,169				5,893,169
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	134,029,697		24,704,946		158,734,643
5. Totals (Sum of Lines 1 to 4)	148,790,983		25,497,056		174,288,039
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	451,404				451,404
6.2 Applied to pay renewal premiums	255,381				255,381
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	519,159		39		519,198
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,225,944		39		1,225,983
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,225,944		39		1,225,983
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,920,244		217,882		7,138,127
10. Matured endowments	53,099				53,099
11. Annuity benefits	67,502,960		61,080,138		128,583,098
12. Surrender values and withdrawals for life contracts	11,578,056		6,154		11,584,210
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	38,273				38,273
15. Totals	86,092,632		61,304,174		147,396,806
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	40	378,040							40	378,040
17. Incurred during current year	146	6,850,248			32	220,153			178	7,070,401
Settled during current year:										
18.1 By payment in full	155	6,786,429			30	217,628			185	7,004,057
18.2 By payment on compromised claims										
18.3 Totals paid	155	6,786,429			30	217,628			185	7,004,057
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	155	6,786,429			30	217,628			185	7,004,057
19. Unpaid Dec. 31, current year (16+17-18.6)	31	441,859			2	2,525			33	444,384
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	14,349	1,766,781,848	(a)		65	93,483,291			14,414	1,860,265,139
21. Issued during year	3	4,990,961							3	4,990,961
22. Other changes to in force (Net)	(889)	(161,646,870)			(3)	(7,037,737)			(892)	(168,684,607)
23. In force December 31 of current year	13,463	1,610,125,939	(a)		62	86,445,554			13,525	1,696,571,493

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,814,450	3,072,709		2,080,629	2,168,429
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	587,332	587,332		357,230	357,230
25.3 Non-renewable for stated reasons only (b)	640	640			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	587,972	587,972		357,230	357,230
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,402,422	3,660,681		2,437,859	2,525,659

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,225 and number of persons
insured under indemnity only products314 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,955,346		282,991,471		292,946,817
2. Annuity considerations	1,571,210				1,571,210
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	29,147,289		1,797,042		30,944,332
5. Totals (Sum of Lines 1 to 4)	40,673,845		284,788,513		325,462,358
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	293,147		31		293,178
6.2 Applied to pay renewal premiums	227,706				227,706
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	806,034		12		806,046
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,326,887		43		1,326,930
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,326,887		43		1,326,930
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,969,549		49,590,755		55,560,304
10. Matured endowments	115,037				115,037
11. Annuity benefits	12,082,832		539,245,530		551,328,363
12. Surrender values and withdrawals for life contracts	43,420,025		6,048,263		49,468,288
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	56,103				56,103
15. Totals	61,643,547		594,884,548		656,528,095
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	51	533,824							51	533,824
17. Incurred during current year	140	5,924,367			38	49,595,761			178	55,520,128
Settled during current year:										
18.1 By payment in full	168	6,046,806			37	49,259,758			205	55,306,564
18.2 By payment on compromised claims										
18.3 Totals paid	168	6,046,806			37	49,259,758			205	55,306,564
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	168	6,046,806			37	49,259,758			205	55,306,564
19. Unpaid Dec. 31, current year (16+17-18.6)	23	411,384			1	336,003			24	747,388
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	14,568	2,317,638,342	(a)		8,833	15,266,586,163			23,401	17,584,224,505
21. Issued during year	75	53,733,495			354	844,602,427			429	898,335,922
22. Other changes to in force (Net)	(860)	(139,588,888)			(57)	(90,848,696)			(917)	(230,437,584)
23. In force December 31 of current year	13,783	2,231,782,949	(a)		9,130	16,020,339,894			22,913	18,252,122,843

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,680,652	3,655,208		2,161,550	2,189,250
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,594	16,594		12,719	12,719
25.3 Non-renewable for stated reasons only (b)	3,922	3,922			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	20,516	20,516		12,719	12,719
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,701,168	3,675,725		2,174,269	2,201,969

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,713 and number of persons insured under indemnity only products106 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia
NAIC Group Code 0140

DURING THE YEAR 2011
NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	11,165,015		43,594		11,208,608
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	11,967,593		1,809,016		13,776,609
5. Totals (Sum of Lines 1 to 4)	23,132,607		1,852,610		24,985,217
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	57,899				57,899
6.2 Applied to pay renewal premiums	44,417		6		44,424
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	44,444				44,444
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	146,760		6		146,766
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	146,760		6		146,766
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	415,388		36,698		452,086
10. Matured endowments					
11. Annuity benefits	3,888,406		7,065,693		10,954,099
12. Surrender values and withdrawals for life contracts	1,000,694		7,286		1,007,980
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	452				452
15. Totals	5,304,940		7,109,677		12,414,617
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	15	116,292			2	53,518			17	169,810
17. Incurred during current year	2	377,534			30	33,464			32	410,998
Settled during current year:										
18.1 By payment in full	16	487,362			26	18,635			42	505,997
18.2 By payment on compromised claims										
18.3 Totals paid	16	487,362			26	18,635			42	505,997
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	487,362			26	18,635			42	505,997
19. Unpaid Dec. 31, current year (16+17-18.6)	1	6,464			6	68,347			7	74,811
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,108	328,621,770	(a)		2	4,588,079			1,110	333,209,849
21. Issued during year	118	91,027,432							118	91,027,432
22. Other changes to in force (Net)	(56)	(14,836,335)				5,809			(56)	(14,830,526)
23. In force December 31 of current year	1,170	404,812,867	(a)		2	4,593,888			1,172	409,406,755

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	51,514	49,643		30,221	31,521
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,483	4,483		179	179
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,483	4,483		179	179
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	55,997	54,126		30,400	31,700

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products58 and number of persons
insured under indemnity only products21 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	32,770,688		24,925,087		57,695,776
2. Annuity considerations	27,855,419		1		27,855,420
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	521,440,967		437,231,820		958,672,787
5. Totals (Sum of Lines 1 to 4)	582,067,074		462,156,908		1,044,223,982
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,391,643		99		1,391,742
6.2 Applied to pay renewal premiums	907,095		35		907,129
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,937,127		59		1,937,186
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,235,864		193		4,236,057
Annuities:					
7.1 Paid in cash or left on deposit	2				2
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	2				2
8. Grand Totals (Lines 6.5 plus 7.4)	4,235,867		193		4,236,059
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	22,710,545		1,716,769		24,427,314
10. Matured endowments	167,395				167,395
11. Annuity benefits	346,595,174		364,855,296		711,450,471
12. Surrender values and withdrawals for life contracts	41,251,518		140,315		41,391,832
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	340,045				340,045
15. Totals	411,064,677		366,712,380		777,777,057
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	152	1,699,323							152	1,699,323
17. Incurred during current year	563	23,498,719			88	1,743,965			651	25,242,684
Settled during current year:										
18.1 By payment in full	613	22,041,367			63	1,704,054			676	23,745,422
18.2 By payment on compromised claims										
18.3 Totals paid	613	22,041,367			63	1,704,054			676	23,745,422
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	613	22,041,367			63	1,704,054			676	23,745,422
19. Unpaid Dec. 31, current year (16+17-18.6)	102	3,156,675			25	39,911			127	3,196,586
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	39,651	5,910,596,051	(a)		1,364	1,071,755,633			41,015	6,982,351,684
21. Issued during year	6	7,967,291							6	7,967,291
22. Other changes to in force (Net)	(2,318)	(572,199,666)			2	(5,304,393)			(2,316)	(577,504,058)
23. In force December 31 of current year	37,339	5,346,363,677	(a)		1,366	1,066,451,240			38,705	6,412,814,917

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,688,551	5,613,860		3,233,457	3,189,857
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	411	411			
25.2 Guaranteed renewable (b)	1,459,007	1,459,007		1,590,196	1,590,196
25.3 Non-renewable for stated reasons only (b)	75,282	75,282			
25.4 Other accident only					
25.5 All other (b)	46	46		712	712
25.6 Totals (sum of Lines 25.1 to 25.5)	1,534,747	1,534,747		1,590,908	1,590,908
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,223,297	7,148,607		4,824,366	4,780,766

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products418 and number of persons insured under indemnity only products2,564 .



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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	17,403,599		14,714,252		32,117,851
2. Annuity considerations	6,293,338				6,293,338
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	148,749,520		68,583,561		217,333,081
5. Totals (Sum of Lines 1 to 4)	172,446,458		83,297,812		255,744,270
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	585,281		363		585,644
6.2 Applied to pay renewal premiums	333,664		13		333,677
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	762,102		36		762,138
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,681,047		413		1,681,460
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,681,047		413		1,681,460
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,804,295		3,721,432		11,525,727
10. Matured endowments	85,196				85,196
11. Annuity benefits	73,210,249		110,916,734		184,126,982
12. Surrender values and withdrawals for life contracts	13,675,699		364,102		14,039,801
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	93,652				93,652
15. Totals	94,869,091		115,002,268		209,871,359
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	52	424,923							52	424,923
17. Incurred during current year	124	7,706,086			63	3,734,307			187	11,440,393
Settled during current year:										
18.1 By payment in full	147	7,412,063			39	3,700,668			186	11,112,732
18.2 By payment on compromised claims										
18.3 Totals paid	147	7,412,063			39	3,700,668			186	11,112,732
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	147	7,412,063			39	3,700,668			186	11,112,732
19. Unpaid Dec. 31, current year (16+17-18.6)	29	718,946			24	33,638			53	752,584
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	16,720	2,638,606,174	(a)		390	486,146,630			17,110	3,124,752,804
21. Issued during year	20	8,745,196			18	23,803,742			38	32,548,938
22. Other changes to in force (Net)	(1,041)	(200,686,787)			(13)	(737,527)			(1,054)	(201,424,313)
23. In force December 31 of current year	15,699	2,446,664,583	(a)		395	509,212,846			16,094	2,955,877,429

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,187,459	3,147,779		2,302,724	2,361,065
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	19,658	19,658			
25.2 Guaranteed renewable (b)	504,981	504,981		447,354	447,354
25.3 Non-renewable for stated reasons only (b)	142	142			
25.4 Other accident only					
25.5 All other (b)	220	220		574	574
25.6 Totals (sum of Lines 25.1 to 25.5)	525,000	525,000		447,927	447,927
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,712,459	3,672,779		2,750,651	2,808,993

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products103 and number of persons
insured under indemnity only products1,602 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,589,148		21,279		1,610,427
2. Annuity considerations	1,307,554				1,307,554
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	79,934,270		9,045,346		88,979,616
5. Totals (Sum of Lines 1 to 4)	82,830,972		9,066,625		91,897,597
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	26,218				26,218
6.2 Applied to pay renewal premiums	22,487				22,487
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	31,413				31,413
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	80,118				80,118
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	80,118				80,118
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	913,280				913,280
10. Matured endowments					
11. Annuity benefits	38,514,412		25,697,949		64,212,361
12. Surrender values and withdrawals for life contracts	1,545,041		4,274		1,549,315
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	77				77
15. Totals	40,972,810		25,702,223		66,675,033
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	24,608							4	24,608
17. Incurred during current year	5	913,280							5	913,280
Settled during current year:										
18.1 By payment in full	4	799,841							4	799,841
18.2 By payment on compromised claims										
18.3 Totals paid	4	799,841							4	799,841
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	799,841							4	799,841
19. Unpaid Dec. 31, current year (16+17-18.6)	5	138,047							5	138,047
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,417	394,508,871	(a)		19	6,423,932			1,436	400,932,803
21. Issued during year										
22. Other changes to in force (Net)	(68)	(31,637,544)			6	(107,269)			(62)	(31,744,813)
23. In force December 31 of current year	1,349	362,871,327	(a)		25	6,316,663			1,374	369,187,990

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,041	7,927		10,188	11,588
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	1,226	1,226			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,226	1,226			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,267	9,153		10,188	11,588

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products26 and number of persons
insured under indemnity only products5 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,558,290		34,235		1,592,525
2. Annuity considerations	1,791,451		91,368		1,882,819
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	21,871,678		37,505,674		59,377,352
5. Totals (Sum of Lines 1 to 4)	25,221,419		37,631,277		62,852,696
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	26,744		246		26,990
6.2 Applied to pay renewal premiums	10,788				10,788
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	30,491				30,491
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	68,024		246		68,270
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	68,024		246		68,270
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	67,401		4,236		71,637
10. Matured endowments	1,000				1,000
11. Annuity benefits	12,482,865		33,141,570		45,624,435
12. Surrender values and withdrawals for life contracts	469,312		2,546		471,858
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	2				2
15. Totals	13,020,581		33,148,352		46,168,932
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	6,500							3	6,500
17. Incurred during current year	7	62,401			6	10,187			13	72,588
Settled during current year:										
18.1 By payment in full	9	67,901			5	6,187			14	74,088
18.2 By payment on compromised claims										
18.3 Totals paid	9	67,901			5	6,187			14	74,088
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9	67,901			5	6,187			14	74,088
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,000			1	4,000			2	5,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	861	156,430,889	(a)			6,801,153			861	163,232,042
21. Issued during year	14	14,000,000							14	14,000,000
22. Other changes to in force (Net)	(112)	(17,308,175)			5	732,083			(107)	(16,576,092)
23. In force December 31 of current year	763	153,122,714	(a)		5	7,533,236			768	160,655,950

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	12,135,919	11,478,518		13,584,031	13,576,331
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	215	215			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	852	852			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	852	852			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,136,986	11,479,585		13,584,031	13,576,331

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,666 and number of persons
insured under indemnity only products144 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	23,175,766		15,791,400		38,967,165
2. Annuity considerations	10,454,275		159,345		10,613,621
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	267,477,453		217,277,720		484,755,173
5. Totals (Sum of Lines 1 to 4)	301,107,494		233,228,465		534,335,959
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	357,310		40		357,350
6.2 Applied to pay renewal premiums	274,063		14		274,076
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	583,436		13		583,450
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,214,809		67		1,214,876
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other	266				266
7.4 Totals (Sum of Lines 7.1 to 7.3)	266				266
8. Grand Totals (Lines 6.5 plus 7.4)	1,215,076		67		1,215,143
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,181,971		982,060		8,164,031
10. Matured endowments	24,237				24,237
11. Annuity benefits	163,784,053		267,920,672		431,704,725
12. Surrender values and withdrawals for life contracts	35,494,979		18,456		35,513,435
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	26,175				26,175
15. Totals	206,511,415		268,921,187		475,432,603
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	52	531,116							52	531,116
17. Incurred during current year	124	7,417,370			63	1,028,543			187	8,445,912
Settled during current year:										
18.1 By payment in full	154	7,450,102			48	1,009,273			202	8,459,376
18.2 By payment on compromised claims										
18.3 Totals paid	154	7,450,102			48	1,009,273			202	8,459,376
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	154	7,450,102			48	1,009,273			202	8,459,376
19. Unpaid Dec. 31, current year (16+17-18.6)	22	498,384			15	19,269			37	517,653
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	16,250	3,712,151,751	(a)		256	603,673,677			16,506	4,315,825,428
21. Issued during year	24	10,562,828			35	62,948,700			59	73,511,528
22. Other changes to in force (Net)	(952)	(303,312,760)			4	11,207,463			(948)	(292,105,298)
23. In force December 31 of current year	15,322	3,419,401,819	(a)		295	677,829,840			15,617	4,097,231,658

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,350,492	3,995,958		2,219,947	2,283,553
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	2,189	2,189			
25.2 Guaranteed renewable (b)	21,545	21,545		7,894	7,894
25.3 Non-renewable for stated reasons only (b)	185	185			
25.4 Other accident only					
25.5 All other (b)	142	142		1,498	1,498
25.6 Totals (sum of Lines 25.1 to 25.5)	24,060	24,060		9,391	9,391
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,374,552	4,020,018		2,229,338	2,292,944

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products226 and number of persons
insured under indemnity only products1,902 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	7,254,360		235,550		7,489,911
2. Annuity considerations	6,243,256		1		6,243,257
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	159,930,591		45,053,650		204,984,242
5. Totals (Sum of Lines 1 to 4)	173,428,207		45,289,202		218,717,409
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	236,994		144		237,138
6.2 Applied to pay renewal premiums	202,556		35		202,592
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	366,823		13		366,836
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	806,373		193		806,566
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	806,373		193		806,566
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,337,898		509,996		5,847,894
10. Matured endowments	40,261				40,261
11. Annuity benefits	62,877,537		75,697,449		138,574,986
12. Surrender values and withdrawals for life contracts	4,070,192		6,383		4,076,575
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	34,596				34,596
15. Totals	72,360,485		76,213,827		148,574,312
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	28	325,559							28	325,559
17. Incurred during current year	67	5,087,845			45	527,250			112	5,615,094
Settled during current year:										
18.1 By payment in full	81	5,141,301			34	488,893			115	5,630,194
18.2 By payment on compromised claims										
18.3 Totals paid	81	5,141,301			34	488,893			115	5,630,194
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	81	5,141,301			34	488,893			115	5,630,194
19. Unpaid Dec. 31, current year (16+17-18.6)	14	272,103			11	38,357			25	310,460
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	8,905	956,281,243	(a)		41	67,723,842			8,946	1,024,005,085
21. Issued during year	4	3,407,981				16,117,000			4	19,524,981
22. Other changes to in force (Net)	(472)	(113,129,424)			3	(2,053,223)			(469)	(115,182,646)
23. In force December 31 of current year	8,437	846,559,800	(a)		44	81,787,619			8,481	928,347,419

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,369,775	5,453,205		3,845,536	3,982,889
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	74,513	74,513		51,144	51,144
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)				78	78
25.6 Totals (sum of Lines 25.1 to 25.5)	74,513	74,513		51,222	51,222
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,444,288	5,527,719		3,896,759	4,034,111

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products307 and number of persons
insured under indemnity only products1,210 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,636,535		3,470,449		5,106,984
2. Annuity considerations	3,501,053				3,501,053
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	33,234,435		22,360,771		55,595,206
5. Totals (Sum of Lines 1 to 4)	38,372,023		25,831,220		64,203,242
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	109,487		20		109,507
6.2 Applied to pay renewal premiums	124,307				124,307
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	173,002		15		173,016
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	406,795		35		406,830
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	406,795		35		406,830
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	697,379		316,551		1,013,930
10. Matured endowments	2,464				2,464
11. Annuity benefits	24,693,379		28,094,480		52,787,859
12. Surrender values and withdrawals for life contracts	28,303,454				28,303,454
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	5,730				5,730
15. Totals	53,702,406		28,411,032		82,113,438
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	13	296,966							13	296,966
17. Incurred during current year	11	690,203			44	323,722			55	1,013,925
Settled during current year:										
18.1 By payment in full	20	969,816			40	319,742			60	1,289,558
18.2 By payment on compromised claims										
18.3 Totals paid	20	969,816			40	319,742			60	1,289,558
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	20	969,816			40	319,742			60	1,289,558
19. Unpaid Dec. 31, current year (16+17-18.6)	4	17,353			4	3,980			8	21,333
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,373	433,910,465	(a)		4	937,910,576			2,377	1,371,821,041
21. Issued during year	13	8,750,000				815,000			13	9,565,000
22. Other changes to in force (Net)	(107)	(128,288,127)			2	27,805,270			(105)	(100,482,857)
23. In force December 31 of current year	2,279	314,372,338	(a)		6	966,530,846			2,285	1,280,903,184

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,672,819	1,650,024		968,489	965,589
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	23	23			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	23	23			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,672,842	1,650,047		968,489	965,589

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products26 and number of persons
insured under indemnity only products1,047 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,098,684		85,477		4,184,161
2. Annuity considerations	3,302,814				3,302,814
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	69,032,092		7,509,447		76,541,539
5. Totals (Sum of Lines 1 to 4)	76,433,590		7,594,923		84,028,513
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	54,213				54,213
6.2 Applied to pay renewal premiums	60,984				60,984
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	157,117		20		157,138
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	272,314		20		272,334
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	272,314		20		272,334
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,916,318		298,763		2,215,081
10. Matured endowments	5,000				5,000
11. Annuity benefits	64,816,067		15,325,366		80,141,432
12. Surrender values and withdrawals for life contracts	2,441,161				2,441,161
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	5,818				5,818
15. Totals	69,184,363		15,624,129		84,808,492
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	64,236							8	64,236
17. Incurred during current year	30	1,916,318			4	299,016			34	2,215,334
Settled during current year:										
18.1 By payment in full	37	1,977,554			4	299,016			41	2,276,570
18.2 By payment on compromised claims										
18.3 Totals paid	37	1,977,554			4	299,016			41	2,276,570
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	37	1,977,554			4	299,016			41	2,276,570
19. Unpaid Dec. 31, current year (16+17-18.6)	1	3,000							1	3,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	3,302	587,038,603	(a)		3	27,375,364			3,305	614,413,967
21. Issued during year	12	1,591,900				31,127,500			12	32,719,400
22. Other changes to in force (Net)	(199)	(32,829,842)				19,906			(199)	(32,809,937)
23. In force December 31 of current year	3,115	555,800,661	(a)		3	58,522,770			3,118	614,323,431

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	683,089	561,076		186,953	187,553
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,601	1,601		6,877	6,877
25.3 Non-renewable for stated reasons only (b)	42,516	42,516			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	44,116	44,116		6,877	6,877
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	727,206	605,192		193,830	194,430

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products12 and number of persons
insured under indemnity only products444 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,138,003		7,823,580		13,961,583
2. Annuity considerations	3,985,921				3,985,921
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	97,935,014		16,040,658		113,975,672
5. Totals (Sum of Lines 1 to 4)	108,058,938		23,864,238		131,923,176
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	390,478		14		390,492
6.2 Applied to pay renewal premiums	395,736				395,736
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	608,484				608,484
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,394,698		14		1,394,712
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,394,698		14		1,394,712
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,926,189		6,417,656		11,343,845
10. Matured endowments	3,549				3,549
11. Annuity benefits	32,474,894		26,196,063		58,670,957
12. Surrender values and withdrawals for life contracts	6,916,364				6,916,364
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	122,399				122,399
15. Totals	44,443,395		32,613,719		77,057,114
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	30	247,180							30	247,180
17. Incurred during current year	116	4,939,821			310	6,418,497			426	11,358,318
Settled during current year:										
18.1 By payment in full	131	4,938,329			310	6,418,497			441	11,356,826
18.2 By payment on compromised claims										
18.3 Totals paid	131	4,938,329			310	6,418,497			441	11,356,826
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	131	4,938,329			310	6,418,497			441	11,356,826
19. Unpaid Dec. 31, current year (16+17-18.6)	15	248,672							15	248,672
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	10,312	1,124,688,199	(a)		6	3,985,493,283			10,318	5,110,181,482
21. Issued during year		55,000				30,904,080				30,959,080
22. Other changes to in force (Net)	(614)	(107,352,770)			(6)	16,295,593			(620)	(91,057,177)
23. In force December 31 of current year	9,698	1,017,390,429	(a)			4,032,692,956			9,698	5,050,083,385

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,873,009	2,613,906		2,029,077	1,967,108
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	104,328	104,328		37,659	37,659
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	755	755		197	197
25.6 Totals (sum of Lines 25.1 to 25.5)	105,083	105,083		37,857	37,857
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,978,092	2,718,989		2,066,934	2,004,965

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,755 and number of persons
insured under indemnity only products641 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,160,412		77,750		2,238,162
2. Annuity considerations	2,461,378				2,461,378
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	101,572,042		29,396,009		130,968,051
5. Totals (Sum of Lines 1 to 4)	106,193,832		29,473,759		135,667,591
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	177,961		20		177,981
6.2 Applied to pay renewal premiums	132,218				132,218
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	234,524		44		234,568
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	544,703		64		544,767
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other	317				317
7.4 Totals (Sum of Lines 7.1 to 7.3)	317				317
8. Grand Totals (Lines 6.5 plus 7.4)	545,020		64		545,084
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,616,778		88,769		1,705,547
10. Matured endowments					
11. Annuity benefits	32,752,648		32,076,041		64,828,689
12. Surrender values and withdrawals for life contracts	2,411,690		2,993		2,414,684
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	25,812				25,812
15. Totals	36,806,928		32,167,803		68,974,731
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	123,220			1	7,645			10	130,865
17. Incurred during current year	17	1,664,718			23	94,213			40	1,758,930
Settled during current year:										
18.1 By payment in full	23	1,141,383			16	83,335			39	1,224,718
18.2 By payment on compromised claims										
18.3 Totals paid	23	1,141,383			16	83,335			39	1,224,718
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	23	1,141,383			16	83,335			39	1,224,718
19. Unpaid Dec. 31, current year (16+17-18.6)	3	646,555			8	18,522			11	665,077
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,773	396,451,756	(a)		39	45,387,105			1,812	441,838,861
21. Issued during year										
22. Other changes to in force (Net)	(92)	(67,839,400)			(1)	885,857			(93)	(66,953,543)
23. In force December 31 of current year	1,681	328,612,356	(a)		38	46,272,962			1,719	374,885,318

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,284,619	3,321,090		2,483,295	2,474,495
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	75	75		(35)	(35)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	75	75		(35)	(35)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,284,693	3,321,165		2,483,260	2,474,460

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products26 and number of persons
insured under indemnity only products490 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,294,187		18,722		1,312,909
2. Annuity considerations	1,126,310				1,126,310
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	25,627,202		3,815,361		29,442,563
5. Totals (Sum of Lines 1 to 4)	28,047,698		3,834,084		31,881,782
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	142,588				142,588
6.2 Applied to pay renewal premiums	124,884				124,884
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	154,057				154,057
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	421,529				421,529
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	421,529				421,529
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,193,744		14,402		1,208,146
10. Matured endowments					
11. Annuity benefits	13,752,606		11,790,347		25,542,953
12. Surrender values and withdrawals for life contracts	1,322,295		4,085		1,326,380
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	9,873				9,873
15. Totals	16,278,518		11,808,834		28,087,353
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	55,391							9	55,391
17. Incurred during current year	43	1,192,501			9	26,204			52	1,218,705
Settled during current year:										
18.1 By payment in full	48	1,226,751			7	15,712			55	1,242,463
18.2 By payment on compromised claims										
18.3 Totals paid	48	1,226,751			7	15,712			55	1,242,463
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	48	1,226,751			7	15,712			55	1,242,463
19. Unpaid Dec. 31, current year (16+17-18.6)	4	21,141			2	10,492			6	31,633
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,513	220,200,562	(a)			2,114,898			2,513	222,315,460
21. Issued during year										
22. Other changes to in force (Net)	(138)	(10,515,953)				417,217			(138)	(10,098,736)
23. In force December 31 of current year	2,375	209,684,609	(a)			2,532,115			2,375	212,216,724

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,662,088	3,422,288		2,072,338	2,441,638
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	1,481	1,481			
25.2 Guaranteed renewable (b)	24,768	24,768		5,201	5,201
25.3 Non-renewable for stated reasons only (b)	888	888			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	27,137	27,137		5,201	5,201
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,689,226	3,449,425		2,077,539	2,446,839

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,706 and number of persons
insured under indemnity only products113 .



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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	25,071,648		4,353,736		29,425,384
2. Annuity considerations	10,340,197		282,227		10,622,424
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	143,620,724		55,965,894		199,586,618
5. Totals (Sum of Lines 1 to 4)	179,032,568		60,601,858		239,634,426
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	913,912		337		914,249
6.2 Applied to pay renewal premiums	602,838				602,838
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,226,602		38		1,226,641
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,743,353		376		2,743,728
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,743,353		376		2,743,728
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	16,219,848		259,145		16,478,993
10. Matured endowments	225,857				225,857
11. Annuity benefits	82,211,827		104,526,388		186,738,216
12. Surrender values and withdrawals for life contracts	14,452,040		6,838		14,458,877
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	140,839				140,839
15. Totals	113,250,411		104,792,371		218,042,783
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	128	1,938,942							128	1,938,942
17. Incurred during current year	440	16,130,774			32	263,061			472	16,393,835
Settled during current year:										
18.1 By payment in full	499	15,829,365			29	259,122			528	16,088,487
18.2 By payment on compromised claims										
18.3 Totals paid	499	15,829,365			29	259,122			528	16,088,487
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	499	15,829,365			29	259,122			528	16,088,487
19. Unpaid Dec. 31, current year (16+17-18.6)	69	2,240,351			3	3,939			72	2,244,290
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	40,695	3,768,538,371	(a)		245	511,881,792			40,940	4,280,420,163
21. Issued during year	4	3,384,500							4	3,384,500
22. Other changes to in force (Net)	(2,514)	(272,155,217)			16	(29,118,459)			(2,498)	(301,273,676)
23. In force December 31 of current year	38,185	3,499,767,654	(a)		261	482,763,333			38,446	3,982,530,987

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	897,994	938,322		694,520	629,520
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,076,442	1,076,442		672,857	672,857
25.3 Non-renewable for stated reasons only (b)	557	557			
25.4 Other accident only					
25.5 All other (b)				239	239
25.6 Totals (sum of Lines 25.1 to 25.5)	1,076,999	1,076,999		673,095	673,095
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,974,993	2,015,320		1,367,615	1,302,615

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products403 and number of persons
insured under indemnity only products544 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	12,817,138		2,999,469		15,816,607
2. Annuity considerations	27,331,745				27,331,745
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	260,246,922		51,420,254		311,667,176
5. Totals (Sum of Lines 1 to 4)	300,395,805		54,419,723		354,815,527
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	394,979		51		395,030
6.2 Applied to pay renewal premiums	488,992		20		489,012
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	725,463		21		725,483
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,609,434		92		1,609,526
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,609,434		92		1,609,526
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,327,660		762,595		5,090,255
10. Matured endowments	34,424				34,424
11. Annuity benefits	166,453,525		114,014,683		280,468,209
12. Surrender values and withdrawals for life contracts	13,292,155		29,224		13,321,378
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	54,064				54,064
15. Totals	184,161,828		114,806,502		298,968,330
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	40	267,274							40	267,274
17. Incurred during current year	77	4,330,850			65	769,770			142	5,100,621
Settled during current year:										
18.1 By payment in full	102	4,379,524			55	758,089			157	5,137,613
18.2 By payment on compromised claims										
18.3 Totals paid	102	4,379,524			55	758,089			157	5,137,613
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	102	4,379,524			55	758,089			157	5,137,613
19. Unpaid Dec. 31, current year (16+17-18.6)	15	218,600			10	11,681			25	230,281
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	9,767	1,847,138,870	(a)		350	235,161,325			10,117	2,082,300,195
21. Issued during year	6	1,480,000			1	1,082,500			7	2,562,500
22. Other changes to in force (Net)	(512)	(127,438,289)				4,373,976			(512)	(123,064,313)
23. In force December 31 of current year	9,261	1,721,180,581	(a)		351	240,617,801			9,612	1,961,798,382

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,091,547	7,227,973		6,540,472	5,392,553
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	1,553	1,553			
25.2 Guaranteed renewable (b)	8,346	8,346		3,989	3,989
25.3 Non-renewable for stated reasons only (b)	199	199			
25.4 Other accident only					
25.5 All other (b)	87	87			
25.6 Totals (sum of Lines 25.1 to 25.5)	10,185	10,185		3,989	3,989
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,101,731	7,238,157		6,544,461	5,396,542

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4,371 and number of persons
insured under indemnity only products297 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	38,878,512		8,327,593		47,206,105
2. Annuity considerations	6,662,915		5		6,662,920
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	205,911,691		108,624,027		314,535,717
5. Totals (Sum of Lines 1 to 4)	251,453,118		116,951,625		368,404,743
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	287,765		58		287,823
6.2 Applied to pay renewal premiums	176,906		13		176,918
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	425,793		68		425,861
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	890,464		138		890,602
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	890,464		138		890,602
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,789,774		3,285,469		9,075,243
10. Matured endowments	48,454				48,454
11. Annuity benefits	112,389,496		172,415,573		284,805,069
12. Surrender values and withdrawals for life contracts	27,593,501		11,958		27,605,460
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	27,058		39,568		66,626
15. Totals	145,848,284		175,752,568		321,600,852
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	35	618,523			2	15,291			37	633,814
17. Incurred during current year	72	5,759,894			189	3,325,525			261	9,085,419
Settled during current year:										
18.1 By payment in full	76	5,078,280			184	3,316,137			260	8,394,416
18.2 By payment on compromised claims										
18.3 Totals paid	76	5,078,280			184	3,316,137			260	8,394,416
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	76	5,078,280			184	3,316,137			260	8,394,416
19. Unpaid Dec. 31, current year (16+17-18.6)	31	1,300,137			7	24,680			38	1,324,817
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	16,022	4,116,703,658	(a)		51	242,922,665			16,073	4,359,626,323
21. Issued during year	7	13,138,341			33	45,265,674			40	58,404,015
22. Other changes to in force (Net)	(1,018)	(494,501,299)			(22)	(21,410,011)			(1,040)	(515,911,311)
23. In force December 31 of current year	15,011	3,635,340,700	(a)		62	266,778,328			15,073	3,902,119,027

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,335,195	5,316,146		2,973,209	3,136,586
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	33,421	33,421		21,153	21,153
25.3 Non-renewable for stated reasons only (b)	1,198	1,198			
25.4 Other accident only					
25.5 All other (b)	1,729	1,729		3,177	3,177
25.6 Totals (sum of Lines 25.1 to 25.5)	36,348	36,348		24,330	24,330
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,371,543	5,352,493		2,997,539	3,160,916

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products149 and number of persons
insured under indemnity only products1,500 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,198,011		3,757,703		8,955,713
2. Annuity considerations	3,984,588		58,318		4,042,906
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	123,918,266		41,892,139		165,810,406
5. Totals (Sum of Lines 1 to 4)	133,100,865		45,708,160		178,809,024
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	299,089		(12)		299,076
6.2 Applied to pay renewal premiums	354,445		6		354,451
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	485,408				485,408
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,138,941		(6)		1,138,936
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,138,941		(6)		1,138,936
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,925,290		72,739		2,998,029
10. Matured endowments	11,497				11,497
11. Annuity benefits	63,014,451		69,914,332		132,928,783
12. Surrender values and withdrawals for life contracts	21,661,953		14,077		21,676,030
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	33,303				33,303
15. Totals	87,646,494		70,001,148		157,647,643
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	21	188,104							21	188,104
17. Incurred during current year	66	2,903,273			32	80,392			98	2,983,665
Settled during current year:										
18.1 By payment in full	82	3,042,171			25	62,474			107	3,104,645
18.2 By payment on compromised claims										
18.3 Totals paid	82	3,042,171			25	62,474			107	3,104,645
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	82	3,042,171			25	62,474			107	3,104,645
19. Unpaid Dec. 31, current year (16+17-18.6)	5	49,206			7	17,918			12	67,124
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	7,135	1,615,443,221	(a)		454	446,666,328			7,589	2,062,109,549
21. Issued during year										
22. Other changes to in force (Net)	(247)	(127,222,472)			15	(6,628,547)			(232)	(133,851,018)
23. In force December 31 of current year	6,888	1,488,220,750	(a)		469	440,037,781			7,357	1,928,258,531

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	585,896	579,738		261,747	267,047
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	26,238	26,238		28,120	28,120
25.3 Non-renewable for stated reasons only (b)	6,124	6,124			
25.4 Other accident only					
25.5 All other (b)	519	519		212	212
25.6 Totals (sum of Lines 25.1 to 25.5)	32,881	32,881		28,332	28,332
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	618,777	612,619		290,079	295,379

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products69 and number of persons
insured under indemnity only products326 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,760,681		125,585		2,886,266
2. Annuity considerations	1,039,213		3		1,039,216
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	18,611,848		2,861,604		21,473,453
5. Totals (Sum of Lines 1 to 4)	22,411,741		2,987,192		25,398,934
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	86,686				86,686
6.2 Applied to pay renewal premiums	41,488				41,488
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	157,732				157,732
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	285,906				285,906
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	285,906				285,906
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,757,041		119,094		1,876,135
10. Matured endowments					
11. Annuity benefits	9,824,897		6,435,903		16,260,800
12. Surrender values and withdrawals for life contracts	996,644				996,644
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	58,214				58,214
15. Totals	12,636,796		6,554,997		19,191,793
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	23,099							8	23,099
17. Incurred during current year	28	1,703,340			11	121,099			39	1,824,439
Settled during current year:										
18.1 By payment in full	31	1,625,393			8	116,084			39	1,741,477
18.2 By payment on compromised claims										
18.3 Totals paid	31	1,625,393			8	116,084			39	1,741,477
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	31	1,625,393			8	116,084			39	1,741,477
19. Unpaid Dec. 31, current year (16+17-18.6)	5	101,045			3	5,015			8	106,061
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	4,161	459,035,687	(a)			24,795,062			4,161	483,830,749
21. Issued during year	1	35,000			1	4,274,000			2	4,309,000
22. Other changes to in force (Net)	(236)	(33,027,216)				(5,162,783)			(236)	(38,189,999)
23. In force December 31 of current year	3,926	426,043,471	(a)		1	23,906,279			3,927	449,949,750

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,546,769	1,556,923		688,315	661,015
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	152,350	152,350		87,563	87,563
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	152,350	152,350		87,563	87,563
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,699,119	1,709,273		775,879	748,579

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products24 and number of persons insured under indemnity only products615 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	8,358,316		7,183,125		15,541,442
2. Annuity considerations	6,024,241				6,024,241
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	91,214,331		45,048,914		136,263,245
5. Totals (Sum of Lines 1 to 4)	105,596,888		52,232,040		157,828,928
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	123,819		26		123,845
6.2 Applied to pay renewal premiums	81,528		12		81,541
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	244,616		6		244,622
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	449,963		45		450,008
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	449,963		45		450,008
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,260,346		61,157		4,321,503
10. Matured endowments	10,765				10,765
11. Annuity benefits	53,501,000		84,146,592		137,647,592
12. Surrender values and withdrawals for life contracts	5,410,200		9,721		5,419,921
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	12,640				12,640
15. Totals	63,194,951		84,217,470		147,412,421
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	21	75,927			1	15,291			22	91,218
17. Incurred during current year	44	4,226,415			24	66,349			68	4,292,764
Settled during current year:										
18.1 By payment in full	55	4,231,363			18	57,492			73	4,288,855
18.2 By payment on compromised claims										
18.3 Totals paid	55	4,231,363			18	57,492			73	4,288,855
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	55	4,231,363			18	57,492			73	4,288,855
19. Unpaid Dec. 31, current year (16+17-18.6)	10	70,979			7	24,147			17	95,127
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	4,199	778,839,315	(a)		107	134,843,193			4,306	913,682,508
21. Issued during year	4	23,114,074			89	90,077,500			93	113,191,574
22. Other changes to in force (Net)	(189)	(53,879,856)			(14)	615,569			(203)	(53,264,287)
23. In force December 31 of current year	4,014	748,073,534	(a)		182	225,536,262			4,196	973,609,795

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,756,909	3,850,947		1,881,573	1,836,073
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,518	3,518		11,018	11,018
25.3 Non-renewable for stated reasons only (b)	373	373			
25.4 Other accident only					
25.5 All other (b)	2,054	2,054		253	253
25.6 Totals (sum of Lines 25.1 to 25.5)	5,945	5,945		11,271	11,271
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,762,854	3,856,892		1,892,844	1,847,344

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products51 and number of persons insured under indemnity only products1,682 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	439,750		6,845		446,595
2. Annuity considerations	1,850,259				1,850,259
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	11,123,098		3,807,583		14,930,681
5. Totals (Sum of Lines 1 to 4)	13,413,107		3,814,428		17,227,535
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	14,614				14,614
6.2 Applied to pay renewal premiums	13,052				13,052
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	58,768		11		58,779
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	86,434		11		86,445
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	86,434		11		86,445
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	83,244		5,933		89,177
10. Matured endowments	19,079				19,079
11. Annuity benefits	5,834,156		10,850,460		16,684,616
12. Surrender values and withdrawals for life contracts	189,921		4,200		194,122
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	4,805				4,805
15. Totals	6,131,207		10,860,593		16,991,800
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	9,698							2	9,698
17. Incurred during current year	6	91,169			7	7,421			13	98,590
Settled during current year:										
18.1 By payment in full	7	98,704			3	4,167			10	102,871
18.2 By payment on compromised claims										
18.3 Totals paid	7	98,704			3	4,167			10	102,871
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	98,704			3	4,167			10	102,871
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,162			4	3,254			5	5,417
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	661	120,151,444	(a)		1	4,297,291			662	124,448,735
21. Issued during year										
22. Other changes to in force (Net)	(40)	(6,524,002)				453,987			(40)	(6,070,015)
23. In force December 31 of current year	621	113,627,442	(a)		1	4,751,278			622	118,378,720

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	51,468	48,886		21,631	22,131
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,828	3,828		1,537	1,537
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,828	3,828		1,537	1,537
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	55,296	52,714		23,168	23,668

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products12 and number of persons
insured under indemnity only products102 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	875,232		173,503		1,048,735
2. Annuity considerations	2,372,329				2,372,329
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	45,048,142		17,230,840		62,278,981
5. Totals (Sum of Lines 1 to 4)	48,295,702		17,404,343		65,700,045
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	41,303		20		41,323
6.2 Applied to pay renewal premiums	21,602				21,602
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	116,942				116,942
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	179,848		20		179,868
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	179,848		20		179,868
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	118,546		141,411		259,957
10. Matured endowments					
11. Annuity benefits	14,799,771		23,655,707		38,455,478
12. Surrender values and withdrawals for life contracts	704,439		3,524		707,963
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	6				6
15. Totals	15,622,762		23,800,641		39,423,404
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	30,671							5	30,671
17. Incurred during current year	4	116,708			9	144,013			13	260,720
Settled during current year:										
18.1 By payment in full	7	143,100			8	142,733			15	285,833
18.2 By payment on compromised claims										
18.3 Totals paid	7	143,100			8	142,733			15	285,833
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	143,100			8	142,733			15	285,833
19. Unpaid Dec. 31, current year (16+17-18.6)	2	4,279			1	1,280			3	5,559
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,049	201,621,010	(a)		1	117,475,808			1,050	319,096,818
21. Issued during year										
22. Other changes to in force (Net)	(57)	(35,624,783)				3,490,645			(57)	(32,134,138)
23. In force December 31 of current year	992	165,996,226	(a)		1	120,966,453			993	286,962,679

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	403,485	568,791		1,047,186	1,044,486
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	34	34			
25.3 Non-renewable for stated reasons only (b)	16,425	16,425			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,459	16,459			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	419,944	585,250		1,047,186	1,044,486

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products20 and number of persons
insured under indemnity only products363 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,618,394		49,581		1,667,975
2. Annuity considerations	2,487,620				2,487,620
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	44,574,910		10,423,260		54,998,169
5. Totals (Sum of Lines 1 to 4)	48,680,923		10,472,841		59,153,764
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	60,515				60,515
6.2 Applied to pay renewal premiums	47,902				47,902
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	69,432				69,432
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	177,849				177,849
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	177,849				177,849
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	384,412		14,420		398,832
10. Matured endowments	17,655				17,655
11. Annuity benefits	26,620,036		13,221,821		39,841,856
12. Surrender values and withdrawals for life contracts	4,730,367		8,046		4,738,414
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	1,218				1,218
15. Totals	31,753,687		13,244,287		44,997,975
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	233,378							8	233,378
17. Incurred during current year	11	382,725			6	15,858			17	398,583
Settled during current year:										
18.1 By payment in full	16	602,694			2	11,750			18	614,444
18.2 By payment on compromised claims										
18.3 Totals paid	16	602,694			2	11,750			18	614,444
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	602,694			2	11,750			18	614,444
19. Unpaid Dec. 31, current year (16+17-18.6)	3	13,409			4	4,108			7	17,516
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,565	485,580,543	(a)		1	13,860,438			1,566	499,440,981
21. Issued during year		50,000								50,000
22. Other changes to in force (Net)	(99)	(63,960,889)			50	(1,090,468)			(49)	(65,051,357)
23. In force December 31 of current year	1,466	421,669,654	(a)		51	12,769,970			1,517	434,439,624

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	875,168	712,683		495,243	487,543
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,264	3,264		1,050	1,050
25.3 Non-renewable for stated reasons only (b)	955	955			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,219	4,219		1,050	1,050
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	879,387	716,902		496,293	488,593

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,949 and number of persons
insured under indemnity only products516 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,117,210		41,644		3,158,854
2. Annuity considerations	2,537,275				2,537,275
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	38,136,144		55,783,772		93,919,916
5. Totals (Sum of Lines 1 to 4)	43,790,628		55,825,417		99,616,045
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	115,046				115,046
6.2 Applied to pay renewal premiums	111,736				111,736
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	163,974				163,974
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	390,756				390,756
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	390,756				390,756
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,236,037		9,611		1,245,648
10. Matured endowments	1,135				1,135
11. Annuity benefits	23,644,438		16,100,188		39,744,626
12. Surrender values and withdrawals for life contracts	2,864,395				2,864,395
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	7,784				7,784
15. Totals	27,753,789		16,109,799		43,863,588
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	35,194							7	35,194
17. Incurred during current year	35	1,243,411			4	9,611			39	1,253,022
Settled during current year:										
18.1 By payment in full	34	699,296			3	9,139			37	708,435
18.2 By payment on compromised claims										
18.3 Totals paid	34	699,296			3	9,139			37	708,435
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	34	699,296			3	9,139			37	708,435
19. Unpaid Dec. 31, current year (16+17-18.6)	8	579,309			1	472			9	579,781
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	3,778	547,926,331	(a)		4	10,622,135			3,782	558,548,466
21. Issued during year										
22. Other changes to in force (Net)	(171)	(45,543,125)				(158,291)			(171)	(45,701,416)
23. In force December 31 of current year	3,607	502,383,207	(a)		4	10,463,844			3,611	512,847,050

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	55,812	60,186		83,092	84,392
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,455	4,455		2,031	2,031
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,455	4,455		2,031	2,031
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	60,267	64,642		85,123	86,423

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products248 and number of persons
insured under indemnity only products32 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	36,372,302		2,098,213		38,470,515
2. Annuity considerations	8,758,952		493,576		9,252,527
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	293,357,803		104,301,289		397,659,091
5. Totals (Sum of Lines 1 to 4)	338,489,057		106,893,077		445,382,134
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,204,034		309		1,204,343
6.2 Applied to pay renewal premiums	1,440,409		11		1,440,420
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,071,563		49		2,071,613
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,716,006		369		4,716,375
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other	103				103
7.4 Totals (Sum of Lines 7.1 to 7.3)	103				103
8. Grand Totals (Lines 6.5 plus 7.4)	4,716,109		369		4,716,478
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	16,724,918		763,015		17,487,933
10. Matured endowments	72,692				72,692
11. Annuity benefits	152,540,127		185,902,615		338,442,742
12. Surrender values and withdrawals for life contracts	38,438,389		130,895		38,569,284
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	186,331		280		186,611
15. Totals	207,962,456		186,796,805		394,759,262
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	89	1,293,293							89	1,293,293
17. Incurred during current year	283	16,657,915			83	841,506			366	17,499,421
Settled during current year:										
18.1 By payment in full	324	15,763,102			69	824,363			393	16,587,465
18.2 By payment on compromised claims										
18.3 Totals paid	324	15,763,102			69	824,363			393	16,587,465
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	324	15,763,102			69	824,363			393	16,587,465
19. Unpaid Dec. 31, current year (16+17-18.6)	48	2,188,106			14	17,143			62	2,205,249
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	29,567	6,277,820,597	(a)		171	168,427,200			29,738	6,446,247,797
21. Issued during year	53	32,848,975							53	32,848,975
22. Other changes to in force (Net)	(2,244)	(616,009,831)			48	(778,444)			(2,196)	(616,788,275)
23. In force December 31 of current year	27,376	5,694,659,741	(a)		219	167,648,756			27,595	5,862,308,497

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	6,066,900	6,295,215		4,797,871	5,095,971
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	348	348		2,733	2,733
25.2 Guaranteed renewable (b)	44,631	44,631		48,211	48,211
25.3 Non-renewable for stated reasons only (b)	501	501			
25.4 Other accident only					
25.5 All other (b)	1,067	1,067			
25.6 Totals (sum of Lines 25.1 to 25.5)	46,547	46,547		50,944	50,944
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,113,447	6,341,761		4,848,815	5,146,915

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,904 and number of persons
insured under indemnity only products716 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	760,224		35,474		795,697
2. Annuity considerations	2,113,287				2,113,287
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	29,244,222		8,036,263		37,280,485
5. Totals (Sum of Lines 1 to 4)	32,117,733		8,071,736		40,189,469
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	40,963				40,963
6.2 Applied to pay renewal premiums	30,680				30,680
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	84,493		39		84,532
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	156,136		39		156,174
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	156,136		39		156,174
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	495,451		10,746		506,196
10. Matured endowments	3,207				3,207
11. Annuity benefits	23,912,337		14,226,106		38,138,443
12. Surrender values and withdrawals for life contracts	899,028		3,188		902,217
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	680				680
15. Totals	25,310,704		14,240,040		39,550,743
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	36,378							7	36,378
17. Incurred during current year	18	495,451			9	11,236			27	506,687
Settled during current year:										
18.1 By payment in full	22	523,252			7	8,877			29	532,128
18.2 By payment on compromised claims										
18.3 Totals paid	22	523,252			7	8,877			29	532,128
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	523,252			7	8,877			29	532,128
19. Unpaid Dec. 31, current year (16+17-18.6)	3	8,577			2	2,360			5	10,937
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,117	156,503,942	(a)		1	8,989,495			1,118	165,493,437
21. Issued during year	1	202,410							1	202,410
22. Other changes to in force (Net)	(52)	(20,870,868)			(1)	(273,571)			(53)	(21,144,439)
23. In force December 31 of current year	1,066	135,835,484	(a)			8,715,924			1,066	144,551,408

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	863,739	702,077		717,855	706,555
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	83	83			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	83	83			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	863,822	702,160		717,855	706,555

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products12 and number of persons
insured under indemnity only products233 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	96,234,291		5,393,290		101,627,580
2. Annuity considerations	37,612,958		357,112		37,970,071
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	947,412,936		234,367,583		1,181,780,519
5. Totals (Sum of Lines 1 to 4)	1,081,260,184		240,117,985		1,321,378,170
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,234,731		206		2,234,937
6.2 Applied to pay renewal premiums	1,854,537		80		1,854,617
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,478,834		78		4,478,912
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	8,568,102		364		8,568,466
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	8,568,102		364		8,568,466
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	49,021,506		4,832,976		53,854,482
10. Matured endowments	192,983				192,983
11. Annuity benefits	561,340,652		579,257,155		1,140,597,806
12. Surrender values and withdrawals for life contracts	66,354,584		2,659,067		69,013,651
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	557,809		25,769		583,578
15. Totals	677,467,532		586,774,968		1,264,242,500
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	217	3,722,831			1	29,013			218	3,751,844
17. Incurred during current year	896	49,050,637			137	4,851,153			1,033	53,901,790
Settled during current year:										
18.1 By payment in full	932	43,513,378			101	4,802,875			1,033	48,316,254
18.2 By payment on compromised claims										
18.3 Totals paid	932	43,513,378			101	4,802,875			1,033	48,316,254
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	932	43,513,378			101	4,802,875			1,033	48,316,254
19. Unpaid Dec. 31, current year (16+17-18.6)	181	9,260,090			37	77,291			218	9,337,381
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	90,111	15,018,904,229	(a)		2,447	1,507,433,964			92,558	16,526,338,193
21. Issued during year	2,836	582,394,791							2,836	582,394,791
22. Other changes to in force (Net)	(6,281)	(1,199,004,831)			(82)	(125,854,161)			(6,363)	(1,324,858,993)
23. In force December 31 of current year	86,666	14,402,294,189	(a)		2,365	1,381,579,803			89,031	15,783,873,991

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,574,789	30,879,494		36,902,029	29,774,129
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	150	150			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	1,054,274	1,054,274		3,022,280	3,022,280
25.2 Guaranteed renewable (b)	420,033	420,033		494,396	494,396
25.3 Non-renewable for stated reasons only (b)	49,874	49,874			
25.4 Other accident only					
25.5 All other (b)	1,523	1,523			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,525,705	1,525,705		3,516,676	3,516,676
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,100,644	32,405,349		40,418,706	33,290,806

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,142 and number of persons insured under indemnity only products 942 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2011

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	43,291,544		16,678,957		59,970,501
2. Annuity considerations	9,886,839				9,886,839
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	184,186,681		21,113,078		205,299,760
5. Totals (Sum of Lines 1 to 4)	237,365,065		37,792,035		275,157,100
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,303,659		5,940		1,309,598
6.2 Applied to pay renewal premiums	688,222				688,222
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,828,373		31		1,828,403
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,820,253		5,970		3,826,223
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	3,820,253		5,970		3,826,223
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	19,205,660		555,864		19,761,523
10. Matured endowments	100,038				100,038
11. Annuity benefits	120,932,349		58,054,649		178,986,997
12. Surrender values and withdrawals for life contracts	32,132,145		12,852		32,144,997
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	387,245				387,245
15. Totals	172,757,437		58,623,364		231,380,801
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	126	1,442,020							126	1,442,020
17. Incurred during current year	649	19,280,630			30	549,996			679	19,830,627
Settled during current year:										
18.1 By payment in full	728	19,598,931			27	540,096			755	20,139,027
18.2 By payment on compromised claims										
18.3 Totals paid	728	19,598,931			27	540,096			755	20,139,027
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	728	19,598,931			27	540,096			755	20,139,027
19. Unpaid Dec. 31, current year (16+17-18.6)	47	1,123,719			3	9,900			50	1,133,620
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	63,358	6,939,649,469	(a)		339	760,385,059			63,697	7,700,034,528
21. Issued during year	171	153,843,515			194	350,160,289			365	504,003,804
22. Other changes to in force (Net)	(4,170)	(547,279,354)			(54)	(7,827,309)			(4,224)	(555,106,663)
23. In force December 31 of current year	59,359	6,546,213,630	(a)		479	1,102,718,039			59,838	7,648,931,668

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,328,144	9,485,495		6,108,347	5,931,232
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	89	89			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	53,205	53,205		141,843	141,843
25.2 Guaranteed renewable (b)	1,681,008	1,681,008		1,383,629	1,383,629
25.3 Non-renewable for stated reasons only (b)	39,917	39,917	15		
25.4 Other accident only					
25.5 All other (b)	115	115		112	112
25.6 Totals (sum of Lines 25.1 to 25.5)	1,774,245	1,774,245	15	1,525,584	1,525,584
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,102,478	11,259,829	15	7,633,931	7,456,816

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products117 and number of persons insured under indemnity only products1,520 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	13,937,991		12,799		13,950,790
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	1,698,652		9,707,684		11,406,336
5. Totals (Sum of Lines 1 to 4)	15,636,644		9,720,483		25,357,126
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,813				4,813
6.2 Applied to pay renewal premiums	7,617				7,617
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	16,677				16,677
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	29,106				29,106
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	29,106				29,106
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	200,000		16,757		216,757
10. Matured endowments	16				16
11. Annuity benefits	1,644,307		7,550,535		9,194,841
12. Surrender values and withdrawals for life contracts	98,354				98,354
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	2				2
15. Totals	1,942,678		7,567,292		9,509,970
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year		195,000			4	16,781			4	211,781
Settled during current year:										
18.1 By payment in full	1	200,000			4	16,781			5	216,781
18.2 By payment on compromised claims										
18.3 Totals paid	1	200,000			4	16,781			5	216,781
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	200,000			4	16,781			5	216,781
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	337	121,533,903	(a)			3,247,330			337	124,781,233
21. Issued during year	402	297,855,042							402	297,855,042
22. Other changes to in force (Net)	(6)	(12,574,270)				(34,161)			(6)	(12,608,432)
23. In force December 31 of current year	733	406,814,674	(a)			3,213,169			733	410,027,843

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	87,797	89,554		15,731	16,331
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,696	2,696		2,908	2,908
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,696	2,696		2,908	2,908
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,493	92,250		18,640	19,240

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 45 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	41,943,090		17,590,920		59,534,010
2. Annuity considerations	17,342,382		417,186		17,759,568
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	420,424,841		410,094,443		830,519,284
5. Totals (Sum of Lines 1 to 4)	479,710,313		428,102,548		907,812,861
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,248,166		8,493		2,256,659
6.2 Applied to pay renewal premiums	1,022,612				1,022,612
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,496,808		32		2,496,841
6.4 Other	(2,145,463)				(2,145,463)
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,622,123		8,526		3,630,649
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	3,622,123		8,526		3,630,649
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	39,470,515		7,908,267		47,378,782
10. Matured endowments	225,248				225,248
11. Annuity benefits	197,149,135		615,572,235		812,721,370
12. Surrender values and withdrawals for life contracts	66,960,976		11,999		66,972,975
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	177,892				177,892
15. Totals	303,983,766		623,492,501		927,476,267
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	255	2,056,489			12	466,604			267	2,523,093
17. Incurred during current year	1,405	40,352,344			129	8,242,629			1,534	48,594,973
Settled during current year:										
18.1 By payment in full	1,499	30,889,018			128	8,377,882			1,627	39,266,901
18.2 By payment on compromised claims										
18.3 Totals paid	1,499	30,889,018			128	8,377,882			1,627	39,266,901
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,499	30,889,018			128	8,377,882			1,627	39,266,901
19. Unpaid Dec. 31, current year (16+17-18.6)	161	11,519,814			13	331,351			174	11,851,165
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	105,668	10,457,990,891	(a)		571	4,750,911,090			106,239	15,208,901,981
21. Issued during year	10	1,042,000			24	159,312,514			34	160,354,514
22. Other changes to in force (Net)	(6,334)	(772,742,083)			(29)	131,808,934			(6,363)	(640,933,149)
23. In force December 31 of current year	99,344	9,686,290,808	(a)		566	5,042,032,538			99,910	14,728,323,346

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	12,770,029	12,636,795	1,358,478	6,179,123	6,967,593
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)		134			43
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	340	12,962			(2,885)
25.2 Guaranteed renewable (b)	2,310,968	2,508,073		1,346,118	1,211,877
25.3 Non-renewable for stated reasons only (b)					(103,010)
25.4 Other accident only					
25.5 All other (b)	190	190		7,083	4,441
25.6 Totals (sum of Lines 25.1 to 25.5)	2,311,498	2,521,226		1,353,202	1,110,423
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,081,528	15,158,154	1,358,478	7,532,325	8,078,060

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products970 and number of persons
insured under indemnity only products2,158 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,015,672		68,154		3,083,825
2. Annuity considerations	2,999,588		1		2,999,589
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	49,611,610		37,209,312		86,820,922
5. Totals (Sum of Lines 1 to 4)	55,626,870		37,277,467		92,904,337
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	54,033				54,033
6.2 Applied to pay renewal premiums	47,883				47,883
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	140,473		13		140,487
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	242,389		13		242,403
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	242,389		13		242,403
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,117,722		129,775		2,247,497
10. Matured endowments	1,255				1,255
11. Annuity benefits	24,776,785		43,499,214		68,275,999
12. Surrender values and withdrawals for life contracts	966,074		7,136		973,211
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	10,407				10,407
15. Totals	27,872,242		43,636,125		71,508,368
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	14	36,671							14	36,671
17. Incurred during current year	15	2,096,054			49	140,547			64	2,236,601
Settled during current year:										
18.1 By payment in full	25	2,121,457			41	129,563			66	2,251,021
18.2 By payment on compromised claims										
18.3 Totals paid	25	2,121,457			41	129,563			66	2,251,021
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	25	2,121,457			41	129,563			66	2,251,021
19. Unpaid Dec. 31, current year (16+17-18.6)	4	11,268			8	10,984			12	22,252
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,622	265,895,133	(a)		2	9,595,318			1,624	275,490,451
21. Issued during year					2	4,332,500			2	4,332,500
22. Other changes to in force (Net)	(90)	(53,566,144)			18	(1,599,534)			(72)	(55,165,678)
23. In force December 31 of current year	1,532	212,328,989	(a)		22	12,328,284			1,554	224,657,273

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	761,184	684,890		280,197	265,097
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	114	114			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,925	13,925		7,139	7,139
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	13,925	13,925		7,139	7,139
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	775,222	698,928		287,336	272,236

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products16 and number of persons
insured under indemnity only products422 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,913,929		103,089		2,017,018
2. Annuity considerations	2,907,504				2,907,504
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	84,683,732		27,718,309		112,402,042
5. Totals (Sum of Lines 1 to 4)	89,505,166		27,821,398		117,326,564
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	148,584				148,584
6.2 Applied to pay renewal premiums	113,730		12		113,741
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	140,792				140,792
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	403,105		12		403,117
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	403,105		12		403,117
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,136,285		284,805		1,421,090
10. Matured endowments	34,978				34,978
11. Annuity benefits	67,302,869		39,629,846		106,932,714
12. Surrender values and withdrawals for life contracts	2,053,840				2,053,840
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	25,156				25,156
15. Totals	70,553,128		39,914,650		110,467,779
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	47,026							9	47,026
17. Incurred during current year	8	1,091,300			12	284,941			20	1,376,242
Settled during current year:										
18.1 By payment in full	12	1,103,459			12	284,941			24	1,388,400
18.2 By payment on compromised claims										
18.3 Totals paid	12	1,103,459			12	284,941			24	1,388,400
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	1,103,459			12	284,941			24	1,388,400
19. Unpaid Dec. 31, current year (16+17-18.6)	5	34,868							5	34,868
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,686	573,571,968	(a)		4	59,248,189			2,690	632,820,157
21. Issued during year										
22. Other changes to in force (Net)	(145)	(133,678,030)			(2)	(18,268,296)			(147)	(151,946,326)
23. In force December 31 of current year	2,541	439,893,937	(a)		2	40,979,893			2,543	480,873,830

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	578,106	535,579		242,648	241,248
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	745	745			
25.2 Guaranteed renewable (b)	22,961	22,961		5,112	5,112
25.3 Non-renewable for stated reasons only (b)	1,797	1,797			
25.4 Other accident only					
25.5 All other (b)	201	201		473	473
25.6 Totals (sum of Lines 25.1 to 25.5)	25,704	25,704		5,584	5,584
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	603,810	561,283		248,232	246,832

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products40 and number of persons
insured under indemnity only products386 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	64,953,103		25,742,679		90,695,782
2. Annuity considerations	29,897,904		29,127		29,927,030
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	544,794,444		78,379,404		623,173,848
5. Totals (Sum of Lines 1 to 4)	639,645,450		104,151,210		743,796,661
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,401,055		93		4,401,148
6.2 Applied to pay renewal premiums	2,636,298		72		2,636,370
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,901,367		113		4,901,480
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	11,938,719		278		11,938,998
Annuities:					
7.1 Paid in cash or left on deposit	57				57
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	57				57
8. Grand Totals (Lines 6.5 plus 7.4)	11,938,776		278		11,939,055
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	42,086,170		1,257,638		43,343,808
10. Matured endowments	684,989				684,989
11. Annuity benefits	251,408,467		456,153,681		707,562,148
12. Surrender values and withdrawals for life contracts	42,315,643		120,750		42,436,393
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	670,300				670,300
15. Totals	337,165,569		457,532,069		794,697,638
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	275	2,961,411							275	2,961,411
17. Incurred during current year	1,137	49,731,824			(836)	(3,009,502)			301	46,722,322
Settled during current year:										
18.1 By payment in full	1,261	45,852,220			(853)	(3,042,312)			408	42,809,908
18.2 By payment on compromised claims										
18.3 Totals paid	1,261	45,852,220			(853)	(3,042,312)			408	42,809,908
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,261	45,852,220			(853)	(3,042,312)			408	42,809,908
19. Unpaid Dec. 31, current year (16+17-18.6)	151	6,841,015			17	32,810			168	6,873,825
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	130,528	10,857,456,933	(a)		190	640,392,056			130,718	11,497,848,989
21. Issued during year	28	1,753,752			335	391,057,962			363	392,811,714
22. Other changes to in force (Net)	(7,117)	(782,630,648)			(16)	(8,719,104)			(7,133)	(791,349,752)
23. In force December 31 of current year	123,439	10,076,580,036	(a)		509	1,022,730,914			123,948	11,099,310,951

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,047,824	7,637,787		4,292,515	4,484,347
24.1 Federal Employees Health Benefits Program Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)				45,377	45,377
25.2 Guaranteed renewable (b)	1,956,763	1,956,763		1,218,502	1,218,502
25.3 Non-renewable for stated reasons only (b)	2,436	2,436		72	72
25.4 Other accident only					
25.5 All other (b)	1,821	1,821		222	222
25.6 Totals (sum of Lines 25.1 to 25.5)	1,961,020	1,961,020		1,264,172	1,264,172
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,008,845	9,598,807		5,556,687	5,748,519

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,859 and number of persons insured under indemnity only products 2,401 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	5,165,771		28,204		5,193,975
2. Annuity considerations	1,762,672				1,762,672
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	35,688,816		4,481,201		40,170,017
5. Totals (Sum of Lines 1 to 4)	42,617,259		4,509,406		47,126,665
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	260,765				260,765
6.2 Applied to pay renewal premiums	167,400				167,400
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	325,548				325,548
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	753,713				753,713
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	753,713				753,713
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,166,966		5,477		2,172,442
10. Matured endowments	4,492				4,492
11. Annuity benefits	35,327,353		24,540,149		59,867,501
12. Surrender values and withdrawals for life contracts	3,758,170				3,758,170
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	55,138				55,138
15. Totals	41,312,118		24,545,625		65,857,743
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	1,154,517							8	1,154,517
17. Incurred during current year	74	2,166,966			4	7,306			78	2,174,272
Settled during current year:										
18.1 By payment in full	75	3,289,751			3	5,017			78	3,294,768
18.2 By payment on compromised claims										
18.3 Totals paid	75	3,289,751			3	5,017			78	3,294,768
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	75	3,289,751			3	5,017			78	3,294,768
19. Unpaid Dec. 31, current year (16+17-18.6)	7	31,731			1	2,289			8	34,021
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	7,676	777,399,123	(a)		4	9,893,148			7,680	787,292,271
21. Issued during year										
22. Other changes to in force (Net)	(479)	(45,854,437)			6	(411,170)			(473)	(46,265,607)
23. In force December 31 of current year	7,197	731,544,686	(a)		10	9,481,978			7,207	741,026,664

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	15,201,313	14,458,837		11,232,505	11,414,105
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	12,452	12,452			
25.2 Guaranteed renewable (b)	63,960	63,960		99,311	99,311
25.3 Non-renewable for stated reasons only (b)	271	271			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	76,683	76,683		99,311	99,311
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,277,995	14,535,519		11,331,816	11,513,416

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,250 and number of persons insured under indemnity only products 97 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	8,313,964		282,344		8,596,308
2. Annuity considerations	4,150,171				4,150,171
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	78,268,389		5,484,405		83,752,794
5. Totals (Sum of Lines 1 to 4)	90,732,523		5,766,749		96,499,273
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	334,333		52		334,385
6.2 Applied to pay renewal premiums	205,680				205,680
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	459,508				459,508
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	999,520		52		999,573
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	999,520		52		999,573
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,347,612		401,103		7,748,715
10. Matured endowments	14,010				14,010
11. Annuity benefits	41,534,517		18,883,993		60,418,510
12. Surrender values and withdrawals for life contracts	7,172,547		1,125		7,173,672
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	95,756				95,756
15. Totals	56,164,441		19,286,221		75,450,662
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	27	357,003							27	357,003
17. Incurred during current year	201	7,356,445			14	401,295			215	7,757,740
Settled during current year:										
18.1 By payment in full	211	7,400,658			14	401,295			225	7,801,953
18.2 By payment on compromised claims										
18.3 Totals paid	211	7,400,658			14	401,295			225	7,801,953
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	211	7,400,658			14	401,295			225	7,801,953
19. Unpaid Dec. 31, current year (16+17-18.6)	17	312,790							17	312,790
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	15,473	1,429,023,012	(a)		22	90,712,666			15,495	1,519,735,678
21. Issued during year	8	347,495			6	50,963,881			14	51,311,376
22. Other changes to in force (Net)	(819)	(117,775,397)			15	5,223,272			(804)	(112,552,125)
23. In force December 31 of current year	14,662	1,311,595,110	(a)		43	146,899,819			14,705	1,458,494,929

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,331,932	1,272,818		1,299,607	1,396,724
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	419,257	419,257		238,253	238,253
25.3 Non-renewable for stated reasons only (b)	297	297			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	419,554	419,554		238,253	238,253
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,751,486	1,692,372		1,537,861	1,634,977

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products27 and number of persons
insured under indemnity only products617 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	890,833		17,840		908,672
2. Annuity considerations	1,425,069				1,425,069
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	12,282,195		1,899,432		14,181,628
5. Totals (Sum of Lines 1 to 4)	14,598,097		1,917,272		16,515,369
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	10,085		7		10,092
6.2 Applied to pay renewal premiums	8,018				8,018
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	22,333				22,333
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	40,437		7		40,443
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	40,437		7		40,443
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	192,142				192,142
10. Matured endowments					
11. Annuity benefits	6,253,673		10,314,659		16,568,332
12. Surrender values and withdrawals for life contracts	2,417,585				2,417,585
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	7				7
15. Totals	8,863,407		10,314,659		19,178,066
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	6	192,142			4	20,460			10	212,602
Settled during current year:										
18.1 By payment in full	5	191,913			4	20,460			9	212,373
18.2 By payment on compromised claims										
18.3 Totals paid	5	191,913			4	20,460			9	212,373
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	191,913			4	20,460			9	212,373
19. Unpaid Dec. 31, current year (16+17-18.6)	1	229							1	229
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	715	172,681,236	(a)		5	6,915,214			720	179,596,450
21. Issued during year						88,088				88,088
22. Other changes to in force (Net)	(42)	(15,524,479)			(3)	(531,974)			(45)	(16,056,453)
23. In force December 31 of current year	673	157,156,757	(a)		2	6,471,328			675	163,628,085

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	216,604	212,783		270,079	270,179
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,059	3,059		7,837	7,837
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,059	3,059		7,837	7,837
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	219,662	215,841		277,916	278,016

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____9 and number of persons
insured under indemnity only products _____92 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2011

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	7,829,470		290,370		8,119,840
2. Annuity considerations	8,727,034				8,727,034
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	142,373,191		60,366,707		202,739,898
5. Totals (Sum of Lines 1 to 4)	158,929,694		60,657,077		219,586,771
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	356,368		19		356,387
6.2 Applied to pay renewal premiums	321,599		28		321,627
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	532,364				532,364
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,210,330		47		1,210,377
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,210,330		47		1,210,377
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,380,699		625,046		7,005,745
10. Matured endowments	4,530				4,530
11. Annuity benefits	73,701,030		108,970,968		182,671,998
12. Surrender values and withdrawals for life contracts	4,838,237		57,414		4,895,651
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	82,807				82,807
15. Totals	85,007,302		109,653,429		194,660,731
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	33	293,830							33	293,830
17. Incurred during current year	135	6,380,534			28	627,832			163	7,008,366
Settled during current year:										
18.1 By payment in full	142	6,395,272			19	618,781			161	7,014,054
18.2 By payment on compromised claims										
18.3 Totals paid	142	6,395,272			19	618,781			161	7,014,054
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	142	6,395,272			19	618,781			161	7,014,054
19. Unpaid Dec. 31, current year (16+17-18.6)	26	279,092			9	9,050			35	288,142
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	12,971	1,479,018,856	(a)		298	337,178,385			13,269	1,816,197,241
21. Issued during year	2	246,000			2	12,130,000			4	12,376,000
22. Other changes to in force (Net)	(730)	(126,407,327)			(9)	(9,960,190)			(739)	(136,367,517)
23. In force December 31 of current year	12,243	1,352,857,529	(a)		291	339,348,195			12,534	1,692,205,724

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,472,182	1,408,816		410,579	377,779
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	275,705	275,705		153,749	153,749
25.3 Non-renewable for stated reasons only (b)	708	708			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	276,413	276,413		153,749	153,749
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,748,595	1,685,229		564,328	531,528

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 30 and number of persons insured under indemnity only products 1,156 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	36,122,098		5,928,705		42,050,802
2. Annuity considerations	16,606,459		7,686		16,614,146
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	407,017,038		167,669,459		574,686,497
5. Totals (Sum of Lines 1 to 4)	459,745,596		173,605,850		633,351,445
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	707,862				707,862
6.2 Applied to pay renewal premiums	611,819				611,819
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,668,389		30		1,668,419
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,988,070		30		2,988,100
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,988,070		30		2,988,100
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	16,831,897		1,762,537		18,594,434
10. Matured endowments	52,469				52,469
11. Annuity benefits	287,210,039		211,459,395		498,669,434
12. Surrender values and withdrawals for life contracts	38,084,229		1,446,180		39,530,409
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	81,066				81,066
15. Totals	342,259,702		214,668,112		556,927,814
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	86	3,923,249							86	3,923,249
17. Incurred during current year	203	16,453,596			27	1,771,133			230	18,224,729
Settled during current year:										
18.1 By payment in full	244	16,674,976			24	1,764,778			268	18,439,754
18.2 By payment on compromised claims										
18.3 Totals paid	244	16,674,976			24	1,764,778			268	18,439,754
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	244	16,674,976			24	1,764,778			268	18,439,754
19. Unpaid Dec. 31, current year (16+17-18.6)	45	3,701,869			3	6,356			48	3,708,224
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	25,302	6,204,213,644	(a)		468	946,007,614			25,770	7,150,221,258
21. Issued during year	71	36,964,339			6	16,212,500			77	53,176,839
22. Other changes to in force (Net)	(1,316)	(458,920,269)			(23)	(20,413,638)			(1,339)	(479,333,906)
23. In force December 31 of current year	24,057	5,782,257,714	(a)		451	941,806,476			24,508	6,724,064,191

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,009,306	8,218,222		4,351,245	4,286,945
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	308	308			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	111,934	111,934		65,086	65,086
25.3 Non-renewable for stated reasons only (b)	163	163			
25.4 Other accident only					
25.5 All other (b)				2,169	2,169
25.6 Totals (sum of Lines 25.1 to 25.5)	112,098	112,098		67,255	67,255
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,121,711	8,330,627		4,418,500	4,354,200

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products145 and number of persons
insured under indemnity only products3,740 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,898,682		36,860		1,935,542
2. Annuity considerations	964,006				964,006
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	39,470,663		6,119,219		45,589,882
5. Totals (Sum of Lines 1 to 4)	42,333,351		6,156,079		48,489,430
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	26,020				26,020
6.2 Applied to pay renewal premiums	18,102				18,102
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	30,780				30,780
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	74,902				74,902
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	74,902				74,902
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	654,155		1,177		655,332
10. Matured endowments	1,103				1,103
11. Annuity benefits	25,083,611		7,821,593		32,905,205
12. Surrender values and withdrawals for life contracts	884,877				884,877
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	74				74
15. Totals	26,623,820		7,822,770		34,446,590
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	1,986							1	1,986
17. Incurred during current year	5	652,169				1,986			5	654,155
Settled during current year:										
18.1 By payment in full	6	654,155				1,986			6	656,141
18.2 By payment on compromised claims										
18.3 Totals paid	6	654,155				1,986			6	656,141
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	654,155				1,986			6	656,141
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,015	312,023,135	(a)		1	16,016,746			1,016	328,039,881
21. Issued during year	12	3,485,180							12	3,485,180
22. Other changes to in force (Net)	(83)	(69,181,603)			1	1,613,904			(82)	(67,567,699)
23. In force December 31 of current year	944	246,326,712	(a)		2	17,630,650			946	263,957,362

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	123,707	117,838		55,050	55,350
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	123,707	117,838		55,050	55,350

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products10 and number of persons
insured under indemnity only products270 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,207,020		15,364		2,222,384
2. Annuity considerations	640,242				640,242
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	12,870,038		2,410,349		15,280,387
5. Totals (Sum of Lines 1 to 4)	15,717,300		2,425,713		18,143,013
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	148,361		6		148,367
6.2 Applied to pay renewal premiums	166,787				166,787
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	231,481				231,481
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	546,629		6		546,635
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	546,629		6		546,635
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	258,264		9,692		267,956
10. Matured endowments	21,000				21,000
11. Annuity benefits	12,264,920		6,711,598		18,976,518
12. Surrender values and withdrawals for life contracts	1,008,981				1,008,981
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	12,792				12,792
15. Totals	13,565,958		6,721,290		20,287,248
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	174,160							7	174,160
17. Incurred during current year	47	264,264			6	10,891			53	275,155
Settled during current year:										
18.1 By payment in full	48	428,150			5	9,692			53	437,842
18.2 By payment on compromised claims										
18.3 Totals paid	48	428,150			5	9,692			53	437,842
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	48	428,150			5	9,692			53	437,842
19. Unpaid Dec. 31, current year (16+17-18.6)	6	10,274			1	1,199			7	11,473
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	4,755	303,799,167	(a)		2	4,656,310			4,757	308,455,477
21. Issued during year	1	10,000							1	10,000
22. Other changes to in force (Net)	(246)	(22,516,785)				(307,471)			(246)	(22,824,256)
23. In force December 31 of current year	4,510	281,292,382	(a)		2	4,348,839			4,512	285,641,221

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,107,325	4,590,036		3,225,064	3,213,064
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	11,176	11,176			
25.2 Guaranteed renewable (b)	41,740	41,740		16,468	16,468
25.3 Non-renewable for stated reasons only (b)	2,548	2,548			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	55,464	55,464		16,468	16,468
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,162,789	4,645,500		3,241,533	3,229,533

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,472 and number of persons
insured under indemnity only products34 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	24,732,605		639,635		25,372,240
2. Annuity considerations	7,680,227		1		7,680,228
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	138,842,822		40,247,079		179,089,902
5. Totals (Sum of Lines 1 to 4)	171,255,654		40,886,715		212,142,369
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,042,147		80		1,042,228
6.2 Applied to pay renewal premiums	515,801				515,801
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,351,484				1,351,484
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,909,433		80		2,909,513
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,909,433		80		2,909,513
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,340,749		368,075		15,708,824
10. Matured endowments	121,406				121,406
11. Annuity benefits	75,363,614		87,253,680		162,617,294
12. Surrender values and withdrawals for life contracts	19,346,601		9,480		19,356,082
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	272,195				272,195
15. Totals	110,444,565		87,631,236		198,075,801
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	108	11,167,105							108	11,167,105
17. Incurred during current year	449	15,234,357			51	374,428			500	15,608,785
Settled during current year:										
18.1 By payment in full	485	24,179,257			44	362,471			529	24,541,729
18.2 By payment on compromised claims										
18.3 Totals paid	485	24,179,257			44	362,471			529	24,541,729
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	485	24,179,257			44	362,471			529	24,541,729
19. Unpaid Dec. 31, current year (16+17-18.6)	72	2,222,205			7	11,957			79	2,234,162
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	47,399	4,332,853,664	(a)		15	283,241,319			47,414	4,616,094,983
21. Issued during year	7	660,532			2	1,755,000			9	2,415,532
22. Other changes to in force (Net)	(2,752)	(326,077,100)			(6)	(4,640,363)			(2,758)	(330,717,463)
23. In force December 31 of current year	44,654	4,007,437,096	(a)		11	280,355,956			44,665	4,287,793,052

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,511,504	2,660,655		1,816,081	1,791,981
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	1,280	1,280			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	1,554	1,554			
25.2 Guaranteed renewable (b)	1,098,715	1,098,715		683,303	683,303
25.3 Non-renewable for stated reasons only (b)	3,873	3,873		123	123
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,104,142	1,104,142		683,426	683,426
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,616,925	3,766,077		2,499,507	2,475,407

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products203 and number of persons
insured under indemnity only products888 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,104,955		148,276		4,253,231
2. Annuity considerations	7,293,204				7,293,204
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	167,096,548		63,319,304		230,415,852
5. Totals (Sum of Lines 1 to 4)	178,494,707		63,467,580		241,962,287
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	181,400		10		181,410
6.2 Applied to pay renewal premiums	144,421				144,421
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	243,892		29		243,921
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	569,713		39		569,752
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	569,713		39		569,752
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,509,776		194,401		1,704,177
10. Matured endowments	40,994				40,994
11. Annuity benefits	98,931,058		60,820,470		159,751,528
12. Surrender values and withdrawals for life contracts	5,904,769		4,117		5,908,886
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	5,275				5,275
15. Totals	106,391,872		61,018,988		167,410,859
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	13	83,587							13	83,587
17. Incurred during current year	53	1,492,100			9	196,337			62	1,688,437
Settled during current year:										
18.1 By payment in full	51	1,166,943			9	196,337			60	1,363,280
18.2 By payment on compromised claims										
18.3 Totals paid	51	1,166,943			9	196,337			60	1,363,280
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	51	1,166,943			9	196,337			60	1,363,280
19. Unpaid Dec. 31, current year (16+17-18.6)	15	408,744							15	408,744
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	4,065	909,730,232	(a)		5	45,463,152			4,070	955,193,384
21. Issued during year		750,000								750,000
22. Other changes to in force (Net)	(232)	(247,044,931)				390,543			(232)	(246,654,388)
23. In force December 31 of current year	3,833	663,435,301	(a)		5	45,853,695			3,838	709,288,996

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,253,542	2,241,252		437,976	541,753
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	328	328			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,393	11,393		13,197	13,197
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)				103	103
25.6 Totals (sum of Lines 25.1 to 25.5)	11,393	11,393		13,300	13,300
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,265,263	2,252,973		451,275	555,053

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products71 and number of persons insured under indemnity only products528 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	7,401,762		121,770		7,523,531
2. Annuity considerations	3,289,536				3,289,536
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	39,045,587		4,780,480		43,826,067
5. Totals (Sum of Lines 1 to 4)	49,736,884		4,902,250		54,639,134
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	386,192				386,192
6.2 Applied to pay renewal premiums	87,427				87,427
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	379,243				379,243
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	852,863				852,863
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	852,863				852,863
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,001,484		24,653		5,026,137
10. Matured endowments	45,746				45,746
11. Annuity benefits	17,683,043		14,523,778		32,206,821
12. Surrender values and withdrawals for life contracts	2,891,899				2,891,899
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	153,929				153,929
15. Totals	25,776,102		14,548,431		40,324,532
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	33	145,319							33	145,319
17. Incurred during current year	250	5,213,017			10	26,876			260	5,239,893
Settled during current year:										
18.1 By payment in full	263	5,121,210			10	26,876			273	5,148,086
18.2 By payment on compromised claims										
18.3 Totals paid	263	5,121,210			10	26,876			273	5,148,086
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	263	5,121,210			10	26,876			273	5,148,086
19. Unpaid Dec. 31, current year (16+17-18.6)	20	237,127							20	237,127
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	16,888	906,108,148	(a)		4	51,962,123			16,892	958,070,271
21. Issued during year	2	203,353			1	130,000			3	333,353
22. Other changes to in force (Net)	(960)	(67,407,987)			(5)	(1,969,653)			(965)	(69,377,639)
23. In force December 31 of current year	15,930	838,903,514	(a)			50,122,470			15,930	889,025,984

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	975,689	982,274		534,951	522,751
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	832,062	832,062		527,897	527,897
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	832,062	832,062		527,897	527,897
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,807,751	1,814,335		1,062,849	1,050,649

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products37 and number of persons
insured under indemnity only products449 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,237,495		147,667		2,385,162
2. Annuity considerations	4,325,210		4		4,325,214
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	124,916,257		85,439,362		210,355,618
5. Totals (Sum of Lines 1 to 4)	131,478,961		85,587,032		217,065,994
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	149,933		26		149,958
6.2 Applied to pay renewal premiums	157,048				157,048
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	438,262				438,262
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	745,243		26		745,268
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	745,243		26		745,268
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	687,958		230,034		917,992
10. Matured endowments	56,323				56,323
11. Annuity benefits	49,552,458		141,942,393		191,494,851
12. Surrender values and withdrawals for life contracts	3,104,761		14,176		3,118,937
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	8,680				8,680
15. Totals	53,410,180		142,186,603		195,596,783
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	15	93,674							15	93,674
17. Incurred during current year	48	661,943			22	236,225			70	898,168
Settled during current year:										
18.1 By payment in full	56	710,990			17	228,797			73	939,787
18.2 By payment on compromised claims										
18.3 Totals paid	56	710,990			17	228,797			73	939,787
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	56	710,990			17	228,797			73	939,787
19. Unpaid Dec. 31, current year (16+17-18.6)	7	44,627			5	7,428			12	52,055
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	6,109	557,310,972	(a)		62	113,154,692			6,171	670,465,664
21. Issued during year	1	314,851							1	314,851
22. Other changes to in force (Net)	(294)	(46,014,337)			(1)	(11,216,276)			(295)	(57,230,613)
23. In force December 31 of current year	5,816	511,611,486	(a)		61	101,938,416			5,877	613,549,902

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,213,069	1,201,963		914,571	1,041,990
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	(2,301)	(2,301)		524	524
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	2,516	2,516		403	403
25.6 Totals (sum of Lines 25.1 to 25.5)	215	215		926	926
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,213,284	1,202,178		915,497	1,042,916

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products48 and number of persons
insured under indemnity only products448 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	286,912		8,884		295,795
2. Annuity considerations	337,500				337,500
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	8,658,074		357,388		9,015,462
5. Totals (Sum of Lines 1 to 4)	9,282,486		366,272		9,648,758
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	15,496				15,496
6.2 Applied to pay renewal premiums	11,404				11,404
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	10,752				10,752
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	37,653				37,653
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	37,653				37,653
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	432,797		1,241		434,038
10. Matured endowments	1,400				1,400
11. Annuity benefits	3,693,534		1,886,401		5,579,935
12. Surrender values and withdrawals for life contracts	205,297				205,297
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	2				2
15. Totals	4,333,029		1,887,642		6,220,671
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	16,342							2	16,342
17. Incurred during current year	5	429,157			1	1,241			6	430,398
Settled during current year:										
18.1 By payment in full	7	445,499							7	445,499
18.2 By payment on compromised claims										
18.3 Totals paid	7	445,499							7	445,499
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	445,499							7	445,499
19. Unpaid Dec. 31, current year (16+17-18.6)					1	1,241			1	1,241
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	432	57,966,539	(a)			1,322,888			432	59,289,427
21. Issued during year										
22. Other changes to in force (Net)	(27)	(17,074,181)				(258,545)			(27)	(17,332,726)
23. In force December 31 of current year	405	40,892,358	(a)			1,064,343			405	41,956,701

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	339,719	334,982		383,680	379,180
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	252	252			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	252	252			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	339,971	335,234		383,680	379,180

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13 and number of persons
insured under indemnity only products80 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2011

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	95,284				95,284
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	95,284				95,284
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,319				1,319
6.2 Applied to pay renewal premiums	1,538				1,538
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	5				5
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,862				2,862
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,862				2,862
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)	43	14,905,041							43	14,905,041
23. In force December 31 of current year	43	14,905,041	(a)						43	14,905,041

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,170				1,170
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	6,796,469		4,800		6,801,269
5. Totals (Sum of Lines 1 to 4)	6,797,639		4,800		6,802,439
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	71				71
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	71				71
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	71				71
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	733,918		268,934		1,002,852
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	733,918		268,934		1,002,852
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	59,271	(a)						1	59,271
21. Issued during year										
22. Other changes to in force (Net)		33								33
23. In force December 31 of current year	1	59,304	(a)						1	59,304

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____

NONE



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	391,335		330		391,665
2. Annuity considerations	599,645				599,645
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	27,155,238		1,080,277		28,235,516
5. Totals (Sum of Lines 1 to 4)	28,146,218		1,080,607		29,226,825
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	6,163				6,163
6.2 Applied to pay renewal premiums	1,323				1,323
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	8,426				8,426
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	15,913				15,913
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	15,913				15,913
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments	310				310
11. Annuity benefits	22,947,668		11,684,975		34,632,643
12. Surrender values and withdrawals for life contracts	905,167				905,167
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	113				113
15. Totals	23,853,259		11,684,975		35,538,233
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	51,351							3	51,351
17. Incurred during current year	(2)	(4,010)							(2)	(4,010)
Settled during current year:										
18.1 By payment in full	1	47,341							1	47,341
18.2 By payment on compromised claims										
18.3 Totals paid	1	47,341							1	47,341
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	47,341							1	47,341
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	152	59,375,947	(a)			331,112			152	59,707,059
21. Issued during year	2	1,300,000							2	1,300,000
22. Other changes to in force (Net)	(11)	(10,725,037)			3				(8)	(10,725,037)
23. In force December 31 of current year	143	49,950,910	(a)		3	331,112			146	50,282,022

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	225	364			
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	225	364			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products37 and number of persons insured under indemnity only products3 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2011

NAIC Group Code 0140

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	36,349				36,349
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	2,853,831		997,931		3,851,762
5. Totals (Sum of Lines 1 to 4)	2,890,180		997,931		3,888,111
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,817				2,817
6.2 Applied to pay renewal premiums	685				685
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	7,725				7,725
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	11,227				11,227
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	11,227				11,227
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	61,465		834,136		895,601
12. Surrender values and withdrawals for life contracts	8,511				8,511
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	69,975		834,136		904,111
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	34	2,737,969	(a)						34	2,737,969
21. Issued during year	6	1,018,000							6	1,018,000
22. Other changes to in force (Net)		(586,601)								(586,601)
23. In force December 31 of current year	40	3,169,368	(a)						40	3,169,368

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,199	7,484		1,777	1,677
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,199	7,484		1,777	1,677

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2011

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

NONE

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	96,542		1,733		98,275
2. Annuity considerations	250,375				250,375
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	346,917		1,733		348,650
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	17,500				17,500
6.2 Applied to pay renewal premiums	14,005				14,005
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,924				6,924
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	38,429				38,429
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	38,429				38,429
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	24,123				24,123
10. Matured endowments					
11. Annuity benefits	175,771		1,793		177,563
12. Surrender values and withdrawals for life contracts	75,158		22,988		98,146
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	275,052		24,780		299,832
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	(1)	32,913							(1)	32,913
Settled during current year:										
18.1 By payment in full	(1)	32,913							(1)	32,913
18.2 By payment on compromised claims										
18.3 Totals paid	(1)	32,913							(1)	32,913
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	(1)	32,913							(1)	32,913
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	129	43,376,846	(a)		2	247,787			131	43,624,633
21. Issued during year										
22. Other changes to in force (Net)	67	2,184,077				(200,000)			67	1,984,077
23. In force December 31 of current year	196	45,560,923	(a)		2	47,787			198	45,608,710

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____

NONE



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,007,540		2,373		1,009,913
2. Annuity considerations	418,270				418,270
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	4,550				4,550
5. Totals (Sum of Lines 1 to 4)	1,430,360		2,373		1,432,733
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	98,922				98,922
6.2 Applied to pay renewal premiums	54,285				54,285
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	136,054		14		136,068
6.4 Other	(2,670,355)		(596)		(2,670,951)
6.5 Totals (Sum of Lines 6.1 to 6.4)	(2,381,094)		(582)		(2,381,676)
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	(2,381,094)		(582)		(2,381,676)
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,237,761		16,649		1,254,410
10. Matured endowments	508,176				508,176
11. Annuity benefits	756,706		31,971		788,677
12. Surrender values and withdrawals for life contracts	2,523,917				2,523,917
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	19,924		539,246		559,170
15. Totals	5,046,484		587,866		5,634,350
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	27	(12,760,080)							27	(12,760,080)
17. Incurred during current year	(18)	12,648,121			1	1,186			(17)	12,649,307
Settled during current year:										
18.1 By payment in full	4	(952,966)							4	(952,966)
18.2 By payment on compromised claims										
18.3 Totals paid	4	(952,966)							4	(952,966)
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	(952,966)							4	(952,966)
19. Unpaid Dec. 31, current year (16+17-18.6)	5	841,007			1	1,186			6	842,193
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,159	159,331,813	(a)		2	2,686,558			1,161	162,018,371
21. Issued during year										
22. Other changes to in force (Net)	(338)	(48,337,701)				(285,703)			(338)	(48,623,404)
23. In force December 31 of current year	821	110,994,112	(a)		2	2,400,855			823	113,394,967

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,369	2,369		830	73,113
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)				2,738	2,738
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					(11)
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					(11)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,369	2,369		3,568	75,840

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 11 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2011
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	725,083,056		536,529,064		1,261,612,120
2. Annuity considerations	360,134,354		1,981,825		362,116,179
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	7,724,034,424		3,278,875,559		11,002,909,983
5. Totals (Sum of Lines 1 to 4)	8,809,251,834		3,817,386,448		12,626,638,282
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	23,835,807		16,954		23,852,761
6.2 Applied to pay renewal premiums	17,090,363		378		17,090,741
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	35,331,888		1,023		35,332,911
6.4 Other	(4,815,818)		(596)		(4,816,414)
6.5 Totals (Sum of Lines 6.1 to 6.4)	71,442,240		17,759		71,459,999
Annuities:					
7.1 Paid in cash or left on deposit	291				291
7.2 Applied to provide paid-up annuities					
7.3 Other	758				758
7.4 Totals (Sum of Lines 7.1 to 7.3)	1,050				1,050
8. Grand Totals (Lines 6.5 plus 7.4)	71,443,290		17,759		71,461,049
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	374,626,356		97,302,513		471,928,868
10. Matured endowments	3,185,477				3,185,477
11. Annuity benefits	4,326,862,607		5,722,259,217		10,049,121,823
12. Surrender values and withdrawals for life contracts	725,532,327		83,177,794		808,710,122
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	4,218,389		604,863		4,823,252
15. Totals	5,434,425,156		5,903,344,387		11,337,769,543
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2,336	31,304,350			19	587,362			2,355	31,891,712
17. Incurred during current year	8,561	394,214,258			1,202	93,991,060			9,763	488,205,317
Settled during current year:										
18.1 By payment in full	9,587	371,952,030			909	93,311,505			10,496	465,263,535
18.2 By payment on compromised claims										
18.3 Totals paid	9,587	371,952,030			909	93,311,505			10,496	465,263,535
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9,587	371,952,030			909	93,311,505			10,496	465,263,535
19. Unpaid Dec. 31, current year (16+17-18.6)	1,310	53,566,578			312	1,266,917			1,622	54,833,495
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	845,595	116,600,038,010	(a)		18,907	37,547,177,863			864,502	154,147,215,873
21. Issued during year	4,088	1,522,399,648			1,360	2,596,202,742			5,448	4,118,602,390
22. Other changes to in force (Net)	(50,931)	(10,333,799,635)			(403)	(702,194,162)			(51,334)	(11,035,993,797)
23. In force December 31 of current year	798,752	107,788,638,023	(a)		19,864	39,441,186,443			818,616	147,229,824,466

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	172,833,032	217,755,701	1,358,478	176,242,566	164,491,332
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	3,346	3,479		5,888	5,931
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	1,159,385	1,172,007		3,214,633	3,211,737
25.2 Guaranteed renewable (b)	13,586,314	13,783,419		9,788,674	9,654,433
25.3 Non-renewable for stated reasons only (b)	258,007	258,007	15	52,031	(50,979)
25.4 Other accident only					
25.5 All other (b)	13,687	13,687		17,503	14,861
25.6 Totals (sum of Lines 25.1 to 25.5)	15,017,393	15,227,120	15	13,072,842	12,830,053
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	187,853,770	232,986,300	1,358,494	189,321,296	177,327,316

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products122,436 and number of persons insured under indemnity only products39,325 .

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1
		Amount
1.	Reserve as of December 31, Prior Year	66,799,705
2.	Current year's realized pre-tax capital gains/(losses) of \$39,351,246 transferred into the reserve net of taxes of \$13,772,936	25,578,307
3.	Adjustment for current year's liability gains/(losses) released from the reserve	2
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	92,378,014
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	23,189,581
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	69,188,433

AMORTIZATION				
	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2011	20,401,789	2,787,792		23,189,581
2. 2012	11,868,257	2,345,210	(1)	14,213,466
3. 2013	5,245,814	2,951,725		8,197,539
4. 2014	3,340,637	1,790,753		5,131,390
5. 2015	2,547,973	1,443,477		3,991,450
6. 2016	1,997,628	1,023,419		3,021,047
7. 2017	2,179,830	787,082		2,966,912
8. 2018	4,192,650	612,249		4,804,899
9. 2019	1,671,373	404,518		2,075,891
10. 2020	1,355,696	416,380		1,772,076
11. 2021	1,294,392	370,385		1,664,777
12. 2022	1,266,931	344,269		1,611,200
13. 2023	1,371,323	323,427		1,694,750
14. 2024	1,304,594	306,136		1,610,730
15. 2025	1,354,257	292,626	1	1,646,884
16. 2026	1,218,749	326,454		1,545,203
17. 2027	752,479	435,295		1,187,774
18. 2028	572,723	427,718		1,000,441
19. 2029	329,357	454,745	1	784,103
20. 2030	130,390	485,873		616,263
21. 2031	147,758	533,719		681,477
22. 2032	144,975	569,472		714,447
23. 2033	261,212	638,663		899,875
24. 2034	359,933	679,988		1,039,921
25. 2035	379,611	707,043		1,086,654
26. 2036	337,411	739,083		1,076,494
27. 2037	264,065	799,452	1	1,063,518
28. 2038	183,957	857,772		1,041,729
29. 2039	16,597	920,588		937,185
30. 2040	(16,448)	981,972		965,524
31. 2041 and Later	323,792	(178,978)		144,814
32. Total (Lines 1 to 31)	66,799,705	25,578,307	2	92,378,014

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year		5,451,111	5,451,111	2,243,972	96,057,755	98,301,727	103,752,838
2. Realized capital gains/(losses) net of taxes - General Account	(136,569,936)	(14,076,318)	(150,646,254)	(29,771)	(1,050,086)	(1,079,857)	(151,726,111)
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	16,665,430	8,860,012	25,525,442	(1,127,647)	2,577,007	1,449,360	26,974,802
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	52,556,837	16,852,624	69,409,461		1,126,016	1,126,016	70,535,477
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	(67,347,670)	17,087,429	(50,260,240)	1,086,554	98,710,692	99,797,247	49,537,006
9. Maximum reserve	234,460,338	50,056,703	284,517,041	1,099,860	130,970,468	132,070,328	416,587,369
10. Reserve objective	161,775,330	31,613,744	193,389,075	1,099,860	129,702,919	130,802,779	324,191,854
11. 20% of (Line 10 - Line 8)	45,824,600	2,905,263	48,729,863	2,661	6,198,445	6,201,106	54,930,969
12. Balance before transfers (Lines 8 + 11)	(21,523,070)	19,992,692	(1,530,377)	1,089,215	104,909,138	105,998,353	104,467,976
13. Transfers	9,996,346	(9,996,346)					XXX
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero	11,526,724		11,526,724				11,526,724
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)		9,996,346	9,996,347	1,089,215	104,909,138	105,998,353	115,994,700

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	552,233,050	XXX	XXX	552,233,050	0.0000		0.0000		0.0000	
2.	1	Highest Quality	12,329,337,320	XXX	XXX	12,329,337,320	0.0004	4,931,735	0.0023	28,357,476	0.0030	36,988,012
3.	2	High Quality	7,919,647,864	XXX	XXX	7,919,647,864	0.0019	15,047,331	0.0058	45,933,958	0.0090	71,276,831
4.	3	Medium Quality	1,065,754,914	XXX	XXX	1,065,754,914	0.0093	9,911,521	0.0230	24,512,363	0.0340	36,235,667
5.	4	Low Quality	621,213,140	XXX	XXX	621,213,140	0.0213	13,231,840	0.0530	32,924,296	0.0750	46,590,986
6.	5	Lower Quality	179,166,955	XXX	XXX	179,166,955	0.0432	7,740,012	0.1100	19,708,365	0.1700	30,458,382
7.	6	In or Near Default	22,361,716	XXX	XXX	22,361,716	0.0000		0.2000	4,472,343	0.2000	4,472,343
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Bonds (Sum of Lines 1 through 8)	22,689,714,959	XXX	XXX	22,689,714,959	XXX	50,862,439	XXX	155,908,801	XXX	226,022,221
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
12.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	
SHORT - TERM BONDS												
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
20.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)		XXX	XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
DERIVATIVE INSTRUMENTS												
26.	1	Exchange Traded	182,911,990	XXX	XXX	182,911,990	0.0004	73,165	0.0023	420,698	0.0030	548,736
27.		Highest Quality	216,237,659	XXX	XXX	216,237,659	0.0004	86,495	0.0023	497,347	0.0030	648,713
28.		2	High Quality		XXX	XXX		0.0019		0.0058		0.0090
29.		3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340
30.		4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750
31.		5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700
32.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33.		Total Derivative Instruments	399,149,649	XXX	XXX	399,149,649	XXX	159,660	XXX	918,044	XXX	1,197,449
34.		Total (Lines 9 + 17 + 25 + 33)	23,088,864,608	XXX	XXX	23,088,864,608	XXX	51,022,099	XXX	156,826,845	XXX	227,219,670
MORTGAGE LOANS												
In Good Standing:												
35.		Farm Mortgages			XXX		0.0032 (a)		0.0060 (a)		0.0095 (a)	
36.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
37.		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
38.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
39.		Commercial Mortgages - All Other	5,119,809,521		XXX	5,119,809,521	0.0032 (a)	16,383,390	0.0060 (a)	30,718,857	0.0095 (a)	48,638,190
40.		In Good Standing With Restructured Terms	2,376,978		XXX	2,376,978	0.0180 (b)	42,786	0.0400 (b)	95,079	0.0640 (b)	152,127
Overdue, Not in Process:												
41.		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
42.		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
43.		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
44.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
45.		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
In Process of Foreclosure:												
46.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
48.		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
50.		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
51.		Total Schedule B Mortgages (Sum of Lines 35 through 50)	5,122,186,499		XXX	5,122,186,499	XXX	16,426,176	XXX	30,813,936	XXX	48,790,317
52.		Schedule DA Mortgages			XXX		(c)		(c)		(c)	
53.		Total Mortgage Loans on Real Estate (Lines 51 + 52)	5,122,186,499		XXX	5,122,186,499	XXX	16,426,176	XXX	30,813,936	XXX	48,790,317

(a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public	821,577	XXX	XXX	821,577	0.0000		0.2000 (d)	164,315	0.2000 (d)	164,315
2.		Unaffiliated - Private	4,522,611	XXX	XXX	4,522,611	0.0000		0.1600	723,618	0.1600	723,618
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0050		0.0080	
4.		Affiliated - Life with AVR	302,454,585	XXX	XXX	302,454,585	0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.2000 (d)		0.2000 (d)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1600		0.1600	
14.		Mortgage Loans					(c)		(c)		(c)	
15.		Real Estate					(e)		(e)		(e)	
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
17.		Affiliated - All Other	1,324,543	XXX	XXX	1,324,543	0.0000		0.1600	211,927	0.1600	211,927
18.		Total Common Stock (Sum of Lines 1 through 17)	309,123,316			309,123,316	XXX		XXX	1,099,860	XXX	1,099,860
REAL ESTATE												
19.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
20.		Investment Properties					0.0000		0.0750		0.0750	
21.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
22.		Total Real Estate (Sum of Lines 19 through 21)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
24.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
25.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
26.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
27.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
28.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
29.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
30.		Total with Bond Characteristics (Sum of Lines 23 through 29)		XXX	XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
32.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
33.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
34.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
35.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
36.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
37.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
38.		Total with Preferred Stock Characteristics (Sum of Lines 31 through 37)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
39.		In Good Standing:										
		Farm Mortgages			XXX		0.0032 (a)		0.0060 (a)		0.0095 (a)	
40.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
41.		Residential Mortgages - All Other		XXX	XXX		0.0013		0.0030		0.0040	
42.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
43.		Commercial Mortgages - All Other			XXX		0.0032 (a)		0.0060 (a)		0.0095 (a)	
44.		In Good Standing With Restructured Terms			XXX		0.0180 (b)		0.0400 (b)		0.0640 (b)	
		Overdue, Not in Process:										
45.		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
46.		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
47.		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
48.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
49.		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
50.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
51.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
52.		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
53.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
54.		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
55.		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)			XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
56.		Unaffiliated Public	1,222,084	XXX	XXX	1,222,084	0.0000		0.2000 (d)	244,417	0.2000 (d)	244,417
57.		Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
58.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
59.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
60.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1600		0.1600	
61.		Total with Common Stock Characteristics (Sum of Lines 56 through 60)	1,222,084	XXX	XXX	1,222,084	XXX		XXX	244,417	XXX	244,417
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
63.		Investment Properties	24,141,998			24,141,998	0.0000		0.0750	1,810,650	0.0750	1,810,650
64.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
65.		Total with Real Estate Characteristics (Lines 62 through 64)	24,141,998			24,141,998	XXX		XXX	1,810,650	XXX	1,810,650
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66.		Guaranteed Federal Low Income Housing Tax Credit	606,916			606,916	0.0003	182	0.0006	364	0.0010	607
67.		Non-guaranteed Federal Low Income Housing Tax Credit	168,800,165			168,800,165	0.0063	1,063,441	0.0120	2,025,602	0.0190	3,207,203
68.		State Low Income Housing Tax Credit	2,285,471			2,285,471	0.0273	62,393	0.0600	137,128	0.0975	222,833
69.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
70.		Total LIHTC	171,692,552			171,692,552	XXX	1,126,016	XXX	2,163,094	XXX	3,430,643
		ALL OTHER INVESTMENTS										
71.		Other Invested Assets - Schedule BA	13,594,268	XXX		13,594,268	0.0000		0.1300	1,767,255	0.1300	1,767,255
72.		Other Short-Term Invested Assets - Schedule DA	904,910,724	XXX		904,910,724	0.0000		0.1300	117,638,394	0.1300	117,638,394
73.		Total All Other (Sum of Lines 71 + 72)	918,504,992	XXX		918,504,992	XXX		XXX	119,405,649	XXX	119,405,649
74.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	1,115,561,626			1,115,561,626	XXX	1,126,016	XXX	123,623,810	XXX	124,891,359

(a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(e) Determined using the same factors and breakdowns used for directly owned real estate.

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

SCHEDULE F

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	916,345	XXX	801,372	XXX		XXX		XXX	50,007	XXX	57,385	XXX	7,581	XXX		XXX		XXX
2. Premiums earned	789,524	XXX	604,277	XXX		XXX		XXX	50,007	XXX	60,173	XXX	75,067	XXX		XXX		XXX
3. Incurred claims	(9,023,563)	(1,142.9)	(9,300,263)	(1,539.1)					170,019	340.0	19,532	32.5	52,031	69.3			35,118	
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	(9,023,563)	(1,142.9)	(9,300,263)	(1,539.1)					170,019	340.0	19,532	32.5	52,031	69.3			35,118	
6. Increase in contract reserves	(1,657,978)	(210.0)	(325,924)	(53.9)					(1,312,749)	(2,625.1)							(19,305)	
7. Commissions (a)	(20,916,572)	(2,649.3)	(20,873,131)	(3,454.2)					15,629	31.3	2,068	3.4	725	1.0			(61,863)	
8. Other general insurance expenses	19,320,667	2,447.1	19,451,295	3,218.9					(155,205)	(310.4)	13,693	22.8	77	0.1			10,807	
9. Taxes, licenses and fees	2,758,371	349.4	2,708,365	448.2					(9)	0.0	(316)	(0.5)	(725)	(1.0)			51,056	
10. Total other expenses incurred	1,162,466	147.2	1,286,529	212.9					(139,585)	(279.1)	15,445	25.7	77	0.1				
11. Aggregate write-ins for deductions	1,113,077	141.0	1,113,077	184.2														
12. Gain from underwriting before dividends or refunds	9,195,522	1,164.7	7,830,858	1,295.9					1,332,322	2,664.3	25,196	41.9	22,959	30.6			(15,813)	
13. Dividends or refunds	15	0.0											15	0.0				
14. Gain from underwriting after dividends or refunds	9,195,507	1,164.7	7,830,858	1,295.9					1,332,322	2,664.3	25,196	41.9	22,944	30.6			(15,813)	
DETAILS OF WRITE-INS																		
1101. Increase in Loss Recognition Reserve	379,000	48.0	379,000	62.7														
1102. Increase in Reserves for Rate Stabilizations	734,077	93.0	734,077	121.5														
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	1,113,077	141.0	1,113,077	184.2														

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	51,549,621	51,759,482		(134)	(12,622)	(197,105)			
2. Advance premiums	(12,196)	(12,913)				717			
3. Reserve for rate credits									
4. Total premium reserves, current year	51,537,425	51,746,569		(134)	(12,622)	(196,388)			
5. Total premium reserves, prior year	96,655,062	96,651,558				3,504			
6. Increase in total premium reserves	(45,117,637)	(44,904,989)		(134)	(12,622)	(199,892)			
B. Contract Reserves:									
1. Additional reserves (a)	4,489,564	4,489,564							
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	4,489,564	4,489,564							
4. Total contract reserves, prior year	6,147,542	4,815,488			1,312,749				19,305
5. Increase in contract reserves	(1,657,978)	(325,924)			(1,312,749)				(19,305)
C. Claim Reserves and Liabilities:									
1. Total current year	49,087,311	41,140,568			1,512,523	366,532	100,000	772	5,966,916
2. Total prior year	59,232,420	51,334,705			1,488,307	376,838	100,000	772	5,931,798
3. Increase	(10,145,109)	(10,194,137)			24,216	(10,306)			35,118

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	1,121,546	893,874			145,803	29,838	52,031		
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	49,087,311	41,140,568			1,512,523	366,532	100,000	772	5,966,916
2.2 On claims incurred during current year									
3. Test:									
3.1 Lines 1.1 and 2.1	50,208,857	42,034,442			1,658,326	396,370	152,031	772	5,966,916
3.2 Claim reserves and liabilities, December 31, prior year	59,232,420	51,334,705			1,488,307	376,838	100,000	772	5,931,798
3.3 Line 3.1 minus Line 3.2	(9,023,563)	(9,300,263)			170,019	19,532	52,031		35,118

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	50,412	50,412							
2. Premiums earned	50,413	50,413							
3. Incurred claims	430,936	430,936							
4. Commissions	13,978	13,978							
B. Reinsurance Ceded:									
1. Premiums written	186,987,837	172,082,072		3,346	1,109,378	13,528,928	250,426		13,687
2. Premiums earned	187,018,283	171,902,657		3,479	1,122,000	13,726,034	250,426		13,687
3. Incurred claims	176,636,706	164,028,395		5,931	3,065,934	9,624,595	(103,010)		14,861
4. Commissions	56,046,901	55,003,027			35,877	950,246	(3,175)		60,926

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	146,222,711	11,909,304	19,195,302	177,327,317
2. Beginning Claim Reserves and Liabilities	48,965,905	343,573	68,387,504	117,696,982
3. Ending Claim Reserves and Liabilities	35,666,165	1,354,818	68,444,317	105,465,300
4. Claims Paid	159,522,451	10,898,059	19,138,489	189,558,999
B. Assumed Reinsurance:				
5. Incurred Claims.....	430,936			430,936
6. Beginning Claim Reserves and Liabilities	85,764			85,764
7. Ending Claim Reserves and Liabilities	174,489			174,489
8. Claims Paid	342,211			342,211
C. Ceded Reinsurance:				
9. Incurred Claims.....	158,196,620	10,898,059	7,542,027	176,636,706
10. Beginning Claim Reserves and Liabilities	11,908,353		46,641,973	58,550,326
11. Ending Claim Reserves and Liabilities	10,240,311		46,312,167	56,552,478
12. Claims Paid	159,864,662	10,898,059	7,871,833	178,634,554
D. Net:				
13. Incurred Claims.....	(11,542,973)	1,011,245	11,653,275	1,121,547
14. Beginning Claim Reserves and Liabilities	37,143,316	343,573	21,745,531	59,232,420
15. Ending Claim Reserves and Liabilities	25,600,343	1,354,818	22,132,150	49,087,311
16. Claims Paid			11,266,656	11,266,656
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	(9,023,563)			(9,023,563)
18. Beginning Reserves and Liabilities	59,232,420			59,232,420
19. Ending Reserves and Liabilities	49,087,311			49,087,311
20. Paid Claims and Cost Containment Expenses	1,121,546			1,121,546

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
92657	31-1000740	01/01/1994	Nationwide Life and Annuity Insurance Co.	US	MCO/I	1,164,805,672		5,841,280	1,332,190	46,664,004	
92657	31-1000740	02/26/1999	Nationwide Life and Annuity Insurance Co.	US	CO/G	126,528,802	142,680,270				
92657	31-1000740	12/31/1996	Nationwide Life and Annuity Insurance Co.	US	AMCO/I			136,865,792		2,315,972,768	
0199999. General Account - U.S. Affiliates						1,291,334,474	142,680,270	142,707,072	1,332,190	2,362,636,772	
0399999. Total General Account - Affiliates						1,291,334,474	142,680,270	142,707,072	1,332,190	2,362,636,772	
62308	06-0303370	01/01/1982	Connecticut General Life Insurance Co.	CT	YRT/I		1,208				
65676	35-0472300	01/01/1982	Lincoln National Life Insurance Co.	Indiana	YRT/I		16,813	44,694			
65676	35-0472300	03/01/1977	Lincoln National Life Insurance Co.	IN	YRT/I			(398,273)			
82627	06-0839705	01/01/1989	Swiss Re Life and Health America Inc	NY	YRT/I		72,823	3,486			
70335	94-0971150	01/01/1986	West Coast Life Ins. Co.	California	OTH/G	4,103,687	941,127	70,717			
0499999. General Account - U.S. Non-Affiliates						4,103,687	1,031,971	(279,376)			
0699999. Total General Account - Non-Affiliates						4,103,687	1,031,971	(279,376)			
0799999. Total General Account						1,295,438,161	143,712,241	142,427,696	1,332,190	2,362,636,772	
92657	31-1000740	01/01/1994	Nationwide Life and Annuity Insurance Co.	US	MCO/I					98,871,755	
0899999. Separate Accounts - U.S. Affiliates										98,871,755	
1099999. Total Separate Accounts - Affiliates										98,871,755	
1399999. Total Separate Accounts - Non-Affiliates											
1499999. Total Separate Accounts										98,871,755	
1599999. Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)						1,295,438,161	143,712,241	142,427,696	1,332,190	2,461,508,527	
1699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)											
1799999 - Totals						1,295,438,161	143,712,241	142,427,696	1,332,190	2,461,508,527	

SCHEDULE S - PART 1 - SECTION 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - Affiliates						
60895	35-0145825	01/01/1977	American United Life	IN	50,066	200,000
68365	04-2729166	05/01/1999	AXA Re Life Insurance Co.	DE	1,400,860	
62308	06-0303370	11/03/1997	Connecticut General Life Insurance Co.	CT	1,479,465	
79782	86-0262046	02/23/1972	Electric Cooperative Life Insurance Co	AZ		869
86258	13-2572994	11/01/1983	General Re Life Corporation	CT	113,970	581,315
88340	59-2859797	10/01/2004	Hannover Life Re	FL	519,809	
65676	35-0472300	01/01/1969	Lincoln National Life Insurance Co	IN	114,378	
65676	35-0472300	03/01/1944	Lincoln National Life Insurance Co.	IN		22,256
65676	35-0472300	04/01/1981	Lincoln National Life Insurance Co.	IN	316,794	1,223,350
66346	58-0828824	01/01/1998	Munich American Reassurance Co.	GA		851,505
93572	43-1235868	11/15/1983	Reinsurance Group of America	MO	358,392	
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	160,597	272,998
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO		250,000
93572	43-1235868	04/01/2004	Reinsurance Group of America	MO	1,875,000	
90670	43-1178580	10/01/1984	Scottish Re Life Corporation	MO	130,337	340,413
87572	23-2038295	10/01/2002	Scottish Re	NC	158,548	
68713	84-0499703	04/01/1994	Security Life of Denver Ins. Co.	CO	35,104	
68713	84-0499703	06/01/1997	Security Life of Denver Ins. Co.	CO	555,097	3,392,642
68713	84-0499703	01/27/1996	Security Life of Denver Ins. Co.	CO	210,092	630,000
82627	06-0839705	05/01/1989	Swiss Re Life & Health America, Inc.	NY		289,119
82627	06-0839705	09/01/1976	Swiss Re Life & Health America, Inc.	NY	180,079	225,000
82627	06-0839705	01/01/1991	Swiss Re Life & Health America, Inc.	NY	299,701	
70688	36-6071399	02/07/2000	Transamerica Financial Life Ins. Co.	NY	250,000	1,107,000
70688	36-6071399	11/01/1989	Transamerica Financial Life Ins. Co.	NY		1,101,666
0499999. Life and Annuity - U.S. Non-Affiliates					8,208,289	10,488,133
00000	AA-3190878	07/01/2002	Wilton Reins Bermuda	BM		77,074
0599999. Life and Annuity - Non-U.S. Non-Affiliates						77,074
0699999. Total Life and Annuity - Non-Affiliates					8,208,289	10,565,207
0799999. Total Life and Annuity					8,208,289	10,565,207
1099999. Total Accident and Health - Affiliates						
22667	95-2371728	08/01/2003	ACE American Insurance Company	PA		18,428
19801	94-1390273	07/01/2009	Argonaut Insurnace Company	TX		296,654
26921	22-2005057	08/01/2003	Everest Reinsurance Company	NJ		537,196
70939	13-2611847	01/01/2007	Gerber Life Insurance Company	NJ		7,252,080
66346	58-0828824	01/01/2010	Munich American Reassurance Co.	GA		64,789
68381	36-0883760	01/01/2010	Reliance Standard Life Insurance	IL		239,925
82627	06-0839705	09/01/1989	Swiss Re L&H America	NY	519,809	
63479	58-0869673	04/01/1992	United Teacher Associates Insurance Co	GA		29
62235	01-0278678	12/01/1992	UNUM Co	ME		109,490
1199999. Accident and Health - U.S. Non-Affiliates					519,809	8,518,591
00000	AA-1122000	04/21/2004	Lloyd's (London Travel Services Binding Authority)	GB		243,835
00000	AA-1126623	01/01/2009	Lloyd's Syndicate AFB #0623	GB		195,392
00000	AA-1128623	01/01/2009	Lloyd's Syndicate AFB #2623	GB		45,833
00000	AA-1128488	01/01/2009	Lloyd's Syndicate AGM #2488	GB		241,225
00000	AA-1128001	01/01/2009	Lloyd's Syndicate AML #2001	GB		241,225
00000	AA-1120075	01/01/2009	Lloyd's Syndicate ARK #4020	GB		241,223
00000	AA-1128987	01/01/2009	Lloyd's Syndicate BRT #2987	GB		241,225
00000	AA-1126004	01/01/2009	Lloyd's Syndicate CNP #4444	GB		80,408
00000	AA-1126033	01/01/2009	Lloyd's Syndicate HIS #0033	GB		80,408
00000	AA-1126510	01/01/2009	Lloyd's Syndicate KLN #0510	GB		80,408
00000	AA-1126006	01/01/2009	Lloyd's Syndicate LIB #4472	GB		80,408
00000	AA-1127414	01/01/2009	Lloyd's Syndicate RTH #1414	GB		80,408
00000	AA-1127183	01/01/2009	Lloyd's Syndicate TAL #1183	GB		40,203
00000	AA-1126003	01/01/2009	Lloyd's Syndicate TRV #5000	GB		120,614
00000	AA-1126457	01/01/2009	Lloyd's Syndicate WTK #0457	GB		301,531
1299999. Accident and Health - Non-U.S. Non-Affiliates						2,314,346
1399999. Total Accident and Health - Non-Affiliates					519,809	10,832,937
1499999. Total Accident and Health					519,809	10,832,937
1599999. Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					8,728,098	19,006,724
1699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)						2,391,420
1799999 Totals - Life, Annuity and Accident and Health					8,728,098	21,398,144

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized Affiliates													
60488	25-0598210	10/01/1991	American General Life Ins Co	IL	ACO/I		29,335,915	30,316,415	750,510				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	CO/I	1,192,686,302	22,734,068	21,842,353	2,351,867				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	YRT/G	9,639,364	9,291	11,931	75,845				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	YRT/I	1,347,779,813	656,481	702,228	2,691,332				
61689	42-0175020	01/01/1992	Aviva Life and Annuity Company	IA	OTH/I	97,786,652	26,052,079	27,207,492	1,362,952				
68365	04-2729166	05/01/1999	AXA Re Life Insurance Company	DE	ACO/I		42,149,203	11,639,199					
11231	13-5617450	03/01/1986	Business Men's Assurance Company of America	MO	YRT/I	397,166	146	164	1,497				
62308	06-0303370	10/01/1998	Connecticut General Life Insurance Co.	CT	ACO/I		47,842,855	16,797,304					
68276	48-1024691	12/31/1995	Employers Reassurance Corp.	KS	CO/I	129,799,439	15,593,541	16,524,746	987,997				
68276	48-1024691	12/31/1995	Employers Reassurance Corp.	KS	YRT/I	150,453,161	471,652	427,938	237,285				
86258	13-2572994	11/01/1983	General Re Life Corporation	CT	YRT/I	1,284,524,820	9,705,999	10,457,340	8,064,605				
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/G	971,563,965	2,406,265	1,034,764	715,322				
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/I	531,865,161	1,577,733	853,597	421,565				
65838	01-0233346	05/01/1997	John Hancock Life Insurance Co. (U.S.A.)	MI	OTH/I		10,980	4,546					
82627	06-0839705	05/01/1972	Life Reassurance Company of America	CT	YRT/I	2,927,693	2,732	2,714	65,232				
65676	35-0472300	01/01/1982	Lincoln National Life Ins Company	IN	ACO/I		40,711,463	42,165,036	295,914				
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	MCO/I	6,366,631	1,458		124,088			3,837,646	
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	YRT/G	799,079,749	4,332,830	4,333,669	2,671,522				
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	YRT/I	7,549,185,537	23,570,490	24,316,751	24,285,379				
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	CO/I	8,414,963			42,029				
66346	58-0828824	01/01/1998	Munich American Reassurance Co.	GA	YRT/G	1,485,748,847			3,454,107				
66346	58-0828824	01/01/1998	Munich American Reassurance Co.	GA	YRT/I	232,763,054	1,256,251	1,217,295	770,806				
88099	75-1608507	01/01/1986	Optimum Re Ins. Co.	TX	CO/I	4,948,300	50,092	46,563	46,810				
88099	75-1608507	01/01/1986	Optimum Re Ins. Co.	TX	YRT/I	1,581,432	24,832	23,384	27,873				
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	YRT/G	1,178,909,257	5,675,778	5,614,241	3,082,475				
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	CO/I	929,722,257	13,775,285	12,763,330	1,830,893				
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	YRT/I	5,670,196,808	22,245,819	22,752,525	23,451,930				
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	ACO/I		(90,748,210)	(3,152,434)					
87017	62-1003368	05/01/2000	Scor Global Life Re Insurance Company of Texas	TX	YRT/I	138,933,078	217,747	194,512	96,706				
87572	23-2038295	10/01/2002	Scottish Re	NC	CO/I				6,042				
87572	23-2038295	10/01/2002	Scottish Re	NC	YRT/G	1,085,470,658	5,889,556	6,449,847	2,875,420				
87572	23-2038295	10/01/2002	Scottish Re	NC	YRT/I	1,479,127,175	11,250,130	10,839,560	7,286,111				
87572	23-2038295	10/01/2002	Scottish Re	NC	ACO/I		46,513,024	51,469,718	23,635				
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Company	KS	ACO/I		79,549,612	77,413,691	11,837,504				
68713	84-0499703	01/27/1996	Security Life of Denver Ins. Co.	CO	YRT/G	570,607,729	3,066,683	3,151,540	1,734,229				
68713	84-0499703	01/27/1996	Security Life of Denver Ins. Co.	CO	YRT/I	2,333,345,502	24,815,763	25,308,184	8,606,714				
68713	84-0499703	01/27/1996	Security Life of Denver Ins. Co.	CO	CO/I	2,447,912,580	43,723,594	41,880,272	4,699,790				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	YRT/I	1,407,659,160	4,962,459	4,592,545	112,029				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	ADB/I			96,013	15,661				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	CO/I	1,859,419,726	36,156,216	34,777,993	3,966,408				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	MCO/I	50,000			702			27,900	
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	OTH/G				12,274				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	ACO/G		30,527,611	10,787,929					
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	ADB/G			68	22				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	YRT/G	1,815,501,574	6,380,888	5,225,329	2,641,187				
70688	36-6071399	09/01/1989	Transamerica Financial Life Insurance Co	NY	CO/I	4,196,361,060	72,374,295	70,322,742	7,418,205				
70688	36-6071399	09/01/1989	Transamerica Financial Life Insurance Co	NY	YRT/G			354,538	168,968				
70688	36-6071399	09/01/1989	Transamerica Financial Life Insurance Co	NY	YRT/I	1,408,070,067	9,408,360	9,074,241	4,485,698				
70688	36-6071399	09/01/1989	Transamerica Financial Life Insurance Co	NY	OTH/I		10,980	4,546					
62596	31-0252460	01/01/1986	Union Fidelity Life Company	IL	OTH/G	314,000	5,781	(2,853)	6,884				
70335	94-0971150	01/01/1994	West Coast Life Ins. Company	CA	AMCO/I							25,250,644	
70335	94-0971150	01/01/1994	West Coast Life Ins. Company	CA	MCO/I							39,254,380	
70335	94-0971150	01/01/1994	West Coast Life Ins. Company	CA	OTH/I	7,816,291	62,750		1,353,684				
0499999. General Account - Authorized U.S. Non-Affiliates						42,336,928,971	594,360,477	599,843,506	135,157,708			68,370,570	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8	9		11	12		
							Current Year	Prior Year		Current Year	Prior Year		
0699999. Total General Account - Authorized Non-Affiliates						42,336,928,971	594,360,477	599,843,506	135,157,708			68,370,570	
0799999. Total General Account Authorized						42,336,928,971	594,360,477	599,843,506	135,157,708			68,370,570	
1099999. Total General Account - Unauthorized Affiliates													
79782	86-0262046	02/23/1972	Electric Cooperative	Arizona	CO/I	530,820	350,664	400,574	8,541				
00000	AA-3190878	07/01/2002	Wilton Reins Bermuda	BM	YRT/I	24,992,267	958,332	1,139,770	124,255				
1299999. General Account - Unauthorized Non-U.S. Non-Affiliates						25,523,087	1,308,996	1,540,344	132,796				
1399999. Total General Account - Unauthorized Non-Affiliates						25,523,087	1,308,996	1,540,344	132,796				
1499999. Total General Account Unauthorized						25,523,087	1,308,996	1,540,344	132,796				
1599999. Total General Account Authorized and Unauthorized						42,362,452,058	595,669,473	601,383,850	135,290,504			68,370,570	
1899999. Total Separate Accounts - Authorized Affiliates													
68675	48-0409770	07/01/2000	Security Benefit Life Insurance Co.	KS	ACO/I				(18,518)			367,172,979	
1999999. Separate Accounts - Authorized U.S. Non-Affiliates									(18,518)			367,172,979	
2199999. Total Separate Accounts - Authorized Non-Affiliates									(18,518)			367,172,979	
2299999. Total Separate Accounts Authorized									(18,518)			367,172,979	
2599999. Total Separate Accounts - Unauthorized Affiliates													
2899999. Total Separate Accounts - Unauthorized Non-Affiliates													
2999999. Total Separate Accounts Unauthorized													
3099999. Total Separate Accounts Authorized and Unauthorized									(18,518)			367,172,979	
3199999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						42,336,928,971	594,360,477	599,843,506	135,139,190			435,543,549	
3299999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						25,523,087	1,308,996	1,540,344	132,796				
3399999 - Totals						42,362,452,058	595,669,473	601,383,850	135,271,986			435,543,549	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
23787	31-4177100	01/01/1996	Nationwide Mutual Insurance Company	OH	MCO/G	151,346,846					55,889,154	
0199999. General Account - Authorized U.S. Affiliates						151,346,846					55,889,154	
0399999. Total General Account - Authorized Affiliates						151,346,846					55,889,154	
22667	95-2371728	08/01/2003	ACE American	PA	OTH/G	92,658	19,542					
19801	94-1390273	07/01/2009	Argonaut Insurance Company	TX	OTH/G			178,396				
71439	38-1843471	07/01/2003	Assurity Life Insurance Company	NE	CO/I	1,250,114		10,351,404				
61883	42-0884060	10/01/2002	Central United Life Insurance Company	TX	CO/I	248,819		879,500				
62359	36-1824600	11/01/2002	Constitution Life Insurance Company	TX	CO/I	12,551,256		5,855,198				
26921	22-2005057	08/01/2003	Everest Reinsurance	NJ	OTH/G	1,712,310	371,298	109,490				
70939	13-2611847	01/01/2007	Gerber Life Ins	NY	OTH/G	7,819,714	99,371					
42374	74-2195939	09/24/2004	Houston Casualty Co	TX	OTH/G	24,725	13,266					
66346	58-0828824	01/01/2010	Munich Amer Reassur AH	GA	YRT/G	419,659						
88099	75-1608507	01/01/2009	Optimum Re	TX	OTH/G	119,525						
68209	62-0506281	07/01/1991	Provident Life & Casualty Insurance Company	TN	CO/I	950,155		29,096,265				
68381	36-0883760	01/01/2010	Reliance Stand Life	IL	YRT/G	420,455		55,132				
67105	41-0451140	01/01/2005	Reliastar Life Ins Company	GA	CO/G	185,021						
82627	06-0839705	05/01/1987	Swiss Re L&H America	NY	CO/G			26,556				
82627	06-0839705	09/01/1989	Swiss Re L&H America	NY	YRT/G			419				
61425	36-0792925	05/01/1987	Trustmark Insurance Co. (Mutual)	IL	CO/I	19,997						
62596	31-0252460	01/01/2009	Union Fidelity	PA	CO/I	3,647		639				
63479	58-0869673	04/01/1992	United Teachers Associates Insurance Co	GA	CO/I	2,420		257,242				
70335	94-0971150	01/01/1994	West Coast Life	CA	OTH/I	14,050		41,064				
0499999. General Account - Authorized U.S. Non-Affiliates						25,834,525	503,477	46,851,305				
0699999. Total General Account - Authorized Non-Affiliates						25,834,525	503,477	46,851,305				
0799999. Total General Account Authorized						177,181,371	503,477	46,851,305			55,889,154	
1099999. Total General Account - Unauthorized Affiliates												
00000	AA-1122000	04/21/2004	Lloyd's (London Travel Services Binding Authority)	GB	CO/G	2,195,215						
00000	AA-1126570	06/01/2006	Lloyd's Syndicate ATR #0570	GB	CO/G	1,353						
00000	AA-1127206	06/01/2006	Lloyd's Syndicate CAP #1206	GB	CO/G	3,608						
00000	AA-1128791	06/01/2006	Lloyd's Syndicate MAP #2791	GB	CO/G	6,945						
00000	AA-1128623	01/01/2009	Lloyd's Syndicate AFB #2623	GB	CO/G	729,826	17,226					
00000	AA-1126623	01/01/2009	Lloyd's Syndicate AFB #0623	GB	CO/G	171,194	4,041					
00000	AA-1126033	01/01/2009	Lloyd's Syndicate HIS #0033	GB	CO/G	901,021	21,267					
00000	AA-1126006	01/01/2009	Lloyd's Syndicate LIB #4472	GB	CO/G	901,021	21,267					
00000	AA-1126510	01/01/2009	Lloyd's Syndicate KLN #0510	GB	CO/G	901,013	21,266					
00000	AA-1120075	01/01/2009	Lloyd's Syndicate ARK #4020	GB	CO/G	901,021	21,267					
00000	AA-1127414	01/01/2009	Lloyd's Syndicate RTH #1414	GB	CO/G	300,340	7,089					
00000	AA-1128001	01/01/2009	Lloyd's Syndicate AML #2001	GB	CO/G	300,340	7,089					
00000	AA-1126457	01/01/2009	Lloyd's Syndicate WTK #0457	GB	CO/G	300,340	7,089					
00000	AA-1127183	01/01/2009	Lloyd's Syndicate TAL #1183	GB	CO/G	300,340	7,089					
00000	AA-1128488	01/01/2009	Lloyd's Syndicate AGM #2488	GB	CO/G	300,340	7,089					
00000	AA-1126004	01/01/2009	Lloyd's Syndicate CNP #4444	GB	CO/G	150,166	3,544					
00000	AA-1126003	01/01/2009	Lloyd's Syndicate TRV #5000	GB	CO/G	450,514	10,633					
00000	AA-1128987	01/01/2009	Lloyd's Syndicate BRT #2987	GB	CO/G	1,126,274	26,583					
1299999. General Account - Unauthorized Non-U.S. Non-Affiliates						9,940,871	182,539					
1399999. Total General Account - Unauthorized Non-Affiliates						9,940,871	182,539					
1499999. Total General Account Unauthorized						9,940,871	182,539					
1599999. Total General Account Authorized and Unauthorized						187,122,242	686,016	46,851,305			55,889,154	
1899999. Total Separate Accounts - Authorized Affiliates												
2199999. Total Separate Accounts - Authorized Non-Affiliates												
2299999. Total Separate Accounts Authorized												
2599999. Total Separate Accounts - Unauthorized Affiliates												
2899999. Total Separate Accounts - Unauthorized Non-Affiliates												
2999999. Total Separate Accounts Unauthorized												
3099999. Total Separate Accounts Authorized and Unauthorized												

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance	
									10	11			
									Current Year	Prior Year			
3199999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)							177,181,371	503,477	46,851,305			55,889,154	
3299999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)							9,940,871	182,539					
3399999 - Totals							187,122,242	686,016	46,851,305			55,889,154	

Reinsurance Ceded to Unauthorized Companies

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name
	.....	111025013	Wachovia Bank

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 5
Five Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	322,394	393,187	395,829	393,793	493,070
2. Commissions and reinsurance expense allowances	61,665	75,382	80,370	78,171	127,720
3. Contract claims	336,127	390,358	370,294	366,861	444,616
4. Surrender benefits and withdrawals for life contracts	2,977	397	2,403	1,831	1,423
5. Dividends to policyholders	1,886	3,626	643	326	342
6. Reserve adjustments on reinsurance ceded	(50,449)	8,626	19,392	(6,252)	(9,017)
7. Increase in aggregate reserve for life and accident and health contracts	(10,169)	(38,209)	(129,672)	140,436	(29,450)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	12,109	9,740	9,679	18,088	20,173
9. Aggregate reserves for life and accident and health contracts	643,207	652,044	695,399	780,322	639,886
10. Liability for deposit-type contracts	147	32	44,749	46,994	58,283
11. Contract claims unpaid	22,093	21,594	16,987	19,015	16,464
12. Amounts recoverable on reinsurance	8,728	23,455	16,977	19,343	7,017
13. Experience rating refunds due or unpaid	6,297	18,792	4,584	7,419	16,874
14. Policyholders' dividends (not included in Line 10)			308	307	299
15. Commissions and reinsurance expense allowances unpaid	9,184	12,420	357	10,845	4,821
16. Unauthorized reinsurance offset	419	240	283	426	187
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F)					
18. Letters of credit (L)	900	900	900	900	900
19. Trust agreements (T)	1,786	1,783	1,776	1,756	893
20. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	33,478,481,902		33,478,481,902
2. Reinsurance (Line 16)	15,025,000	(15,025,000)	
3. Premiums and considerations (Line 15)	85,325,343	12,109,051	97,434,394
4. Net credit for ceded reinsurance	XXX	667,645,341	667,645,341
5. All other admitted assets (balance)	1,192,629,761		1,192,629,761
6. Total assets excluding Separate Accounts (Line 26)	34,771,462,006	664,729,392	35,436,191,398
7. Separate Account assets (Line 27)	65,169,334,698		65,169,334,698
8. Total assets (Line 28)	99,940,796,704	664,729,392	100,605,526,096
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	26,639,260,109	643,055,865	27,282,315,974
10. Liability for deposit-type contracts (Line 3)	1,378,823,675		1,378,823,675
11. Claim reserves (Line 4)	82,535,936	22,092,789	104,628,725
12. Policyholder dividends/reserves (Lines 5 through 7)	72,200,210		72,200,210
13. Premium & annuity considerations received in advance (Line 8)	4,588,816		4,588,816
14. Other contract liabilities (Line 9)	86,263,591		86,263,591
15. Reinsurance in unauthorized companies (Line 24.02)	419,262	(419,262)	
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03)			
17. All other liabilities (balance)	2,916,457,290		2,916,457,290
18. Total liabilities excluding Separate Accounts (Line 26)	31,180,548,889	664,729,392	31,845,278,281
19. Separate Account liabilities (Line 27)	65,169,334,698		65,169,334,698
20. Total liabilities (Line 28)	96,349,883,587	664,729,392	97,014,612,979
21. Capital & surplus (Line 38)	3,590,913,117	XXX	3,590,913,117
22. Total liabilities, capital & surplus (Line 39)	99,940,796,704	664,729,392	100,605,526,096
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	643,055,865		
24. Claim reserves	22,092,789		
25. Policyholder dividends/reserves			
26. Premium & annuity considerations received in advance			
27. Liability for deposit-type contracts			
28. Other contract liabilities			
29. Reinsurance ceded assets	15,025,000		
30. Other ceded reinsurance recoverables			
31. Total ceded reinsurance recoverables	680,173,654		
32. Premiums and considerations	12,109,051		
33. Reinsurance in unauthorized companies	419,262		
34. Funds held under reinsurance treaties with unauthorized reinsurers			
35. Other ceded reinsurance payables/offsets			
36. Total ceded reinsurance payable/offsets	12,528,313		
37. Total net credit for ceded reinsurance	667,645,341		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1	2	3	4	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL	4,917,621	3,471,640			8,389,261
2.	Alaska	AK	4,246,067	659,804			4,905,871
3.	Arizona	AZ	27,365,780	9,712,921			37,078,701
4.	Arkansas	AR	2,211,768	409,932			2,621,700
5.	California	CA	128,837,651	30,852,308			159,689,960
6.	Colorado	CO	7,150,594	4,707,051			11,857,645
7.	Connecticut	CT	9,660,227	5,893,169			15,553,396
8.	Delaware	DE	292,946,817	1,571,210			294,518,027
9.	District of Columbia	DC	11,208,608				11,208,608
10.	Florida	FL	57,695,776	27,855,420			85,551,196
11.	Georgia	GA	32,117,851	6,293,338			38,411,189
12.	Hawaii	HI	1,610,427	1,307,554			2,917,981
13.	Idaho	ID	1,592,525	1,882,819			3,475,344
14.	Illinois	IL	38,967,165	10,613,621			49,580,786
15.	Indiana	IN	7,489,911	6,243,257			13,733,167
16.	Iowa	IA	5,106,984	3,501,053			8,608,036
17.	Kansas	KS	4,184,161	3,302,814			7,486,975
18.	Kentucky	KY	13,961,583	3,985,921			17,947,504
19.	Louisiana	LA	2,238,162	2,461,378			4,699,540
20.	Maine	ME	1,312,909	1,126,310			2,439,219
21.	Maryland	MD	29,425,384	10,622,424			40,047,808
22.	Massachusetts	MA	15,816,607	27,331,745			43,148,352
23.	Michigan	MI	47,206,105	6,662,920			53,869,026
24.	Minnesota	MN	8,955,713	4,042,906			12,998,619
25.	Mississippi	MS	2,886,266	1,039,216			3,925,481
26.	Missouri	MO	15,541,442	6,024,241			21,565,683
27.	Montana	MT	446,595	1,850,259			2,296,854
28.	Nebraska	NE	1,048,735	2,372,329			3,421,064
29.	Nevada	NV	1,667,975	2,487,620			4,155,595
30.	New Hampshire	NH	3,158,854	2,537,275			5,696,129
31.	New Jersey	NJ	38,470,515	9,252,527			47,723,043
32.	New Mexico	NM	795,697	2,113,287			2,908,984
33.	New York	NY	101,627,580	37,970,071			139,597,651
34.	North Carolina	NC	59,970,501	9,886,839			69,857,341
35.	North Dakota	ND	13,950,790				13,950,790
36.	Ohio	OH	59,534,010	17,759,568			77,293,578
37.	Oklahoma	OK	3,083,825	2,999,589			6,083,414
38.	Oregon	OR	2,017,018	2,907,504			4,924,522
39.	Pennsylvania	PA	90,695,782	29,927,030			120,622,812
40.	Rhode Island	RI	5,193,975	1,762,672			6,956,648
41.	South Carolina	SC	8,596,308	4,150,171			12,746,479
42.	South Dakota	SD	908,672	1,425,069			2,333,742
43.	Tennessee	TN	8,119,840	8,727,034			16,846,873
44.	Texas	TX	42,050,802	16,614,146			58,664,948
45.	Utah	UT	1,935,542	964,006			2,899,548
46.	Vermont	VT	2,222,384	640,242			2,862,626
47.	Virginia	VA	25,372,240	7,680,228			33,052,467
48.	Washington	WA	4,253,231	7,293,204			11,546,436
49.	West Virginia	WV	7,523,531	3,289,536			10,813,067
50.	Wisconsin	WI	2,385,162	4,325,214			6,710,375
51.	Wyoming	WY	295,795	337,500			633,295
52.	American Samoa	AS	95,284				95,284
53.	Guam	GU	1,170				1,170
54.	Puerto Rico	PR	391,665	599,645			991,310
55.	U.S. Virgin Islands	VI	36,349				36,349
56.	Northern Mariana Islands	MP					
57.	Canada	CN	98,275	250,375			348,650
58.	Aggregate Other Alien	OT	1,009,913	418,270			1,428,183
59.	Total		1,261,612,120	362,116,179			1,623,728,299

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...0140 ...	Nationwide		31-1486309				10 W. Nationwide, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1486309				101 N. Twentieth St, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1733036				120 Acre Partners, LLC	DE	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...0.950	Nationwide Mutual Insurance Company .	.....
							Nationwide Mutual Insurance Company			Nationwide Mutual Insurance Company				
...0140 ...	Nationwide		26-2451988				1492 Capital, LLC	OH	NIA		Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-1347603				180 E. Broad Partners, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...0.333	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide						3Stone Inflection Fund, LLC	DE	OTH	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140 ...	Nationwide		31-1580283				400 West Nationwide Boulevard, LLC ..	OH	NIA	NWD Investments, LLC	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1580283				425 West Nationwide Boulevard, LLC ...	OH	NIA	NWD Investments, LLC	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1486309				44 Chestnut, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-4939866				775 Yard Street Restaurant, LLC	OH	NIA	NRI Equity Land Investments, LLC ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-4939866				775 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-4939866				800 Bobcat Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-4939866				805 Bobcat Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-4939866				850 Goodale Blvd., LLC	OH	NIA	NRI Equity Land Investments, LLC ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1680808				AD Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...0.600	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1580283				ADTV, LLC	OH	NIA	NWD Investments, LLC	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							Nationwide Advantage Mortgage			Nationwide Advantage Mortgage				
...0140 ...	Nationwide		52-2227314				AGMC Reinsurance, Ltd.	Turk/Caic	JA	Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		42-1011300				ALLIED General Agency Company	JA	JA	AMCO Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							Nationwide Mutual Insurance Company			Nationwide Mutual Insurance Company				
...0140 ...	Nationwide		42-0958655				ALLIED Group, Inc.	JA	NIA		Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							ALLIED Insurance Company of America			Nationwide Mutual Insurance Company				
...0140 ...	Nationwide .....	...10127	27-0114983				(fka Atlantic Floridian Insurance			Nationwide Mutual Insurance Company				
							Company)	OH	JA		Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							ALLIED Property and Casualty							
...0140 ...	Nationwide .....	...45279	42-1201931				Insurance Company	JA	JA	ALLIED Group, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		42-1527863				ALLIED Texas Agency, Inc.	TX	JA	AMCO Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	...19100	42-6054959				AMCO Insurance Company	JA	JA	ALLIED Group, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							Nationwide Mutual Insurance Company			Nationwide Mutual Insurance Company				
...0140 ...	Nationwide		59-1031596				American Marine Underwriters, Inc.	FL	JA		Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1580283				Arena District CA I, LLC	OH	NIA	NWD Investments, LLC	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		90-0280710				Arena District Owners Association	OH	OTH	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140 ...	Nationwide		31-1580283				Arena Theatres, LLC	OH	NIA	NWD Investments, LLC	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide						Artessa at Quarry Village, LLC	TX	OTH	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140 ...	Nationwide		31-1486309				Atkins Circle I, LLC	OH	NIA	NRI Communities, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1486309				Atkins Circle II, LLC	OH	NIA	NRI Communities, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							Nationwide Mutual Insurance Company			Nationwide Mutual Insurance Company				
...0140 ...	Nationwide						BCCS Investment Fund LLC	DE	OTH		Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1486309				Beckett Ridge Communities, LLC	OH	NIA	NRI Communities, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							Boulevard Inn Limited Liability							
...0140 ...	Nationwide		31-1184438				Company	OH	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...0.948	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1555487				Broad Street Retail, LLC	DE	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...0.600	Nationwide Mutual Insurance Company .	.....
							Nationwide Mutual Insurance Company			Nationwide Mutual Insurance Company				
...0140 ...	Nationwide						Brooke School Investment Fund, LLC ...	DE	OTH		Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							Nationwide Mutual Insurance Company			Nationwide Mutual Insurance Company				
...0140 ...	Nationwide						CHP New Market Investment Fund, LLC ...	OH	OTH		Limited partner /no	...0.500	other non-Nationwide .....	.....
...0140 ...	Nationwide		20-1618232				CNRI-Cannonsport Condominium, LLC	OH	NIA	CNRI-Cannonsport, LLC	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-1618232				CNRI-Cannonsport, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide						Co-investment Fund, LLC	DE	OTH	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...0140 ...	Nationwide .....	..29262 ..	74-1061659 .....	.....	.....	.....	Colonial County Mutual Insurance Company .....	..TX.....	..JA.....	Other non-Nationwide	contract .....	..0.000	Other non-Nationwide .....	.....
...0140 ...	Nationwide .....	.....	04-3750770 .....	.....	.....	.....	Continental/North Shore I, L.P. ....	..OH.....	..NIA.....	Continental/NRI North Shore Investments, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	20-0366090 .....	.....	.....	.....	Continental/North Shore II, L.P. ....	..OH.....	..NIA.....	Continental/NRI North Shore Investments, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	20-0142724 .....	.....	.....	.....	Continental/NRI North Shore Investments, LLC .....	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd. ..	Ownership.....	..0.505	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Cotton Mill Partners, LLC .....	..VA.....	..OTH.....	Nationwide Mutual Insurance Company	Limited partner /no control .....	..0.020	other non-Nationwide .....	.....
...0140 ...	Nationwide .....	..18961 ..	68-0066866 .....	.....	.....	.....	Crestbrook Insurance Company .....	..OH.....	..JA.....	Nationwide Mutual Insurance Company	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Crewville, Ltd. ....	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd. ..	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..42587 ..	42-1207150 .....	.....	.....	.....	Depositors Insurance Company .....	..JA.....	..JA.....	ALLIED Group, Inc.	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	33-0096671 .....	.....	.....	.....	DVM Insurance Agency, Inc. ....	..CA.....	..JA.....	Veterinary Pet Insurance Company ...	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	20-1945276 .....	.....	.....	.....	East of Madison, LLC .....	..DE.....	..NIA.....	120 Acre Partners, Ltd.	Ownership.....	..0.249	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Easton Communities II, LLC .....	..OH.....	..NIA.....	NRI Communities, Ltd.	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Easton Communities, LLC .....	..OH.....	..NIA.....	NRI Communities, Ltd.	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	ELH Investment LLC .....	..DE.....	..OTH.....	Nationwide Mutual Insurance Company	Other.....	..0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..13838 ..	42-0618271 .....	.....	.....	.....	Farmland Mutual Insurance Company ..	..JA.....	..JA.....	Other non-Nationwide	debt .....	..0.000	Other non-Nationwide .....	.....
...0140 ...	Nationwide .....	..22209 ..	75-6013587 .....	.....	.....	.....	Freedom Specialty Insurance Company (fka Atlantic Insurance Company) ...	..OH.....	..JA.....	Scottsdale Insurance Company	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Gartmore Riverview Diversified Opportunities, LLC .....	..DE.....	..OTH.....	Nationwide Mutual Insurance Company	Ownership.....	..0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Gartmore Riverview Diversified Opportunities, LLC .....	..DE.....	..OTH.....	Nationwide Mutual Fire Insurance Company	Ownership.....	..0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Gartmore Riverview Diversified Opportunities, LLC .....	..DE.....	..OTH.....	Nationwide Life Insurance Company ..	Ownership.....	..0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-4187660 .....	.....	.....	.....	Gates McDonald of Ohio, LLC .....	..OH.....	..NIA.....	Nationwide Better Health Holding Company, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	13-4933584 .....	.....	.....	.....	Gates, McDonald & Company of New York, Inc. ....	..NY.....	..NIA.....	Gates McDonald of Ohio, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	76-0810957 .....	.....	.....	.....	GatesMcDonald DTAO, LLC .....	..OH.....	..NIA.....	Gates McDonald of Ohio, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	76-0810958 .....	.....	.....	.....	GatesMcDonald DTC, LLC .....	..OH.....	..NIA.....	Gates McDonald of Ohio, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1478706 .....	.....	.....	.....	GatesMcDonald Health Plus, LLC .....	..OH.....	..NIA.....	Gates McDonald of Ohio, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	20-4939866 .....	.....	.....	.....	Grandview Yard Hotel Holdings, LLC ...	..OH.....	..NIA.....	NRI Equity Land Investments, LLC ...	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	20-4939866 .....	.....	.....	.....	Grandview Yard Hotel, LLC .....	..OH.....	..NIA.....	Grandview Yard Hotel Holdings, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Harris Blvd. Communities I, LLC .....	..OH.....	..NIA.....	NRI Communities, Ltd.	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	32-0051216 .....	.....	.....	.....	Hideaway Properties Corp. ....	..CA.....	..OTH.....	Nationwide Realty Investors, Ltd. ..	Ownership.....	..0.500	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-0871532 .....	.....	.....	.....	Insurance Intermediaries, Inc. ....	..OH.....	..JA.....	Nationwide Mutual Insurance Company	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Jerome Village Company, LLC .....	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd. ..	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Jerome Village Master Property Owners Association .....	..OH.....	..NIA.....	Jerome Village Company, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Jerome Village Residential Property Owners Association, Inc. ....	..OH.....	..NIA.....	Jerome Village Company, LLC	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Leaguers Investment Fund LLC .....	..DE.....	..OTH.....	Nationwide Mutual Insurance Company	Other.....	..0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	56-3789189 .....	.....	.....	.....	Life REO Holdings, LLC .....	..OH.....	..NIA.....	Nationwide Life Insurance Company ..	Ownership.....	..1.000	Nationwide Mutual Insurance Company .	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...0140 ...	Nationwide		56-3789187				Life REO Holdings, LLC	OH	NIA.....	Nationwide Life Insurance Company .. Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		74-1395229				Lone Star General Agency, Inc.	TX	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide						Match School Investment Fund, LLC ...	DE	OTH.....		Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1486309				Maxtown Communities, LLC	DE	NIA.....	NRI Communities, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1486309				Maxtown Retail, LLC	OH	NIA.....	NRI Communities, Ltd. Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..11991	38-0865250				National Casualty Company National Casualty Company of America, Ltd.	WI	JA.....		Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
							Nationwide Advantage Mortgage Company	GB	JA.....	National Casualty Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		42-1154244				Nationwide Advantage Mortgage Company	JA	NIA.....	AMCO Insurance Company	Ownership.....	...0.873	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		42-1154244				Nationwide Advantage Mortgage Company	JA	NIA.....	ALLIED Property & Casualty Insurance Company	Ownership.....	...0.085	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		42-1154244				Nationwide Advantage Mortgage Company	JA	NIA.....	Depositors Insurance Company	Ownership.....	...0.042	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..26093	48-0470690				Nationwide Affinity Insurance Company of America	OH	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..28223	42-1015537				Nationwide Agribusiness Insurance Company	JA	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-5976272				Nationwide Alternative Investments, LLC	OH	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1578869				Nationwide Arena, LLC	OH	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...0.900	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-8670712				Nationwide Asset Management, LLC	OH	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-8670712				Nationwide Asset Management, LLC	OH	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..10723	95-0639970				Nationwide Assurance Company	WI	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1592130	2729677			Nationwide Bank	FED	OTH.....	Nationwide Financial Services, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		52-1776258				Nationwide Better Health (Ohio), LLC	OH	NIA.....	Nationwide Better Health Holding Company, LLC	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		11-3766032				Nationwide Better Health Holding Company, LLC	OH	NIA.....	Nationwide Corporation	Ownership.....	...0.750	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		11-3766032				Nationwide Better Health Holding Company, LLC	OH	NIA.....	Nationwide Mutual Fire Insurance Company	Ownership.....	...0.250	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1036287				Nationwide Cash Management Company ...	OH	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1752320				Nationwide Community Development Corporation, LLC	OH	NIA.....	Nationwide Life Insurance Company ..	Ownership.....	...0.670	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1752320				Nationwide Community Development Corporation, LLC	OH	NIA.....	Nationwide Indemnity Company	Ownership.....	...0.330	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide						Nationwide Community Development Corporation, LLC		NIA.....	Nationwide Life Insurance Company,	Ownership.....	...0.667	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide						Nationwide Community Development Corporation, LLC		NIA.....	Nationwide Indemnity Company	Ownership.....	...0.333	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-4416546				Nationwide Corporation	OH	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...0.952	Nationwide Mutual Insurance Company .	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...0140 ...	Nationwide		31-4416546				Nationwide Corporation	OH	NIA.....	Nationwide Mutual Fire Insurance Company	Ownership.....	...0.048	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		04-3679407				Nationwide Emerging Managers, LLC	DE	NIA.....	Nationwide SA Capital Trust	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		05-0630007				Nationwide Exclusive Agent Risk Purchasing Group, LLC	OH	NIA.....	Insurance Intermediaries, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1667326				Nationwide Financial Assignment Company	OH	NIA.....	Nationwide Life Insurance Company ..	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		23-2412039				Nationwide Financial General Agency, Inc.	PA	NIA.....	NFS Distributors, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1316276				Nationwide Financial Institution Distributors Agency, Inc.	DE	NIA.....	NFS Distributors, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-6554353				Nationwide Financial Services Capital Trust	DE	NIA.....	Nationwide Financial Services, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1486870				Nationwide Financial Services, Inc.	DE	UDP.....	Nationwide Corporation	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		80-0081970				Nationwide Financial Structured Products, LLC	OH	NIA.....	Nationwide Financial Services, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		52-6969857				Nationwide Fund Advisors	DE	NIA.....	Nationwide Financial Services, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1748721				Nationwide Fund Distributors LLC	DE	NIA.....	NFS Distributors, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-0900518				Nationwide Fund Management LLC	DE	NIA.....	NFS Distributors, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..23760	31-4425763				Nationwide General Insurance Company	OH	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1570938				Nationwide Global Holdings, Inc.	OH	NIA.....	Nationwide Corporation	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		04-3732385				Nationwide Global Ventures, Inc.	DE	NIA.....	Nationwide Asset Management Holdings, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-1399201				Nationwide Indemnity Company	OH	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..25453	95-2130882				Nationwide Insurance Company of America	WI	JA.....	ALLIED Group, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..10948	31-1613686				Nationwide Insurance Company of Florida	OH	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		31-6022301				Nationwide Insurance Foundation	OH	OTH.....	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140 ...	Nationwide		41-2206199				Nationwide Investment Advisors, LLC ..	OH	NIA.....	Nationwide Life Insurance Company ..	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		73-0988442				Nationwide Investment Services Corporation	OK	NIA.....	Nationwide Life Insurance Company ..	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..92657	31-1000740				Nationwide Life and Annuity Insurance Company	OH	JA.....	Nationwide Life Insurance Company ..	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	..66869	31-4156830				Nationwide Life Insurance Company	OH		Nationwide Financial Services, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		13-4212969				Nationwide Life Tax Credit Partners 2002-A, LLC	OH	NIA.....	Nationwide Life Insurance Company ..	Other.....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		01-0749754				Nationwide Life Tax Credit Partners 2002-B, LLC	OH	NIA.....	Nationwide Life Insurance Company ..	Other.....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		03-0498148				Nationwide Life Tax Credit Partners 2002-C, LLC	OH	NIA.....	Nationwide Life Insurance Company ..	Other.....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		54-2113175				Nationwide Life Tax Credit Partners 2003-A, LLC	OH	NIA.....	Nationwide Life Insurance Company ..	Other.....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		58-2672725				Nationwide Life Tax Credit Partners 2003-B, LLC	OH	NIA.....	Nationwide Life Insurance Company ..	Other.....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide		20-0357951				Nationwide Life Tax Credit Partners 2003-C, LLC	OH	NIA.....	Nationwide Life Insurance Company ..	Other.....	...0.000	Nationwide Mutual Insurance Company .	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
...0140	Nationwide		20-0382144				Nationwide Life Tax Credit Partners 2004-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-0745944				Nationwide Life Tax Credit Partners 2004-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-0745965				Nationwide Life Tax Credit Partners 2004-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-1128408				Nationwide Life Tax Credit Partners 2004-D, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-1128472				Nationwide Life Tax Credit Partners 2004-E, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-1918935				Nationwide Life Tax Credit Partners 2004-F, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2303694				Nationwide Life Tax Credit Partners 2005-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2303602				Nationwide Life Tax Credit Partners 2005-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2450960				Nationwide Life Tax Credit Partners 2005-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2451052				Nationwide Life Tax Credit Partners 2005-D, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2774223				Nationwide Life Tax Credit Partners 2005-E, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		21-1288836				Nationwide Life Tax Credit Partners 2007-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		26-3427373				Nationwide Life Tax Credit Partners 2009-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		26-3427435				Nationwide Life Tax Credit Partners 2009-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		26-3427479				Nationwide Life Tax Credit Partners 2009-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		26-3427525				Nationwide Life Tax Credit Partners 2009-D, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		26-4737055				Nationwide Life Tax Credit Partners 2009-E, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		26-4737157				Nationwide Life Tax Credit Partners 2009-F, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		27-1362364				Nationwide Life Tax Credit Partners 2009-I, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide						Nationwide Life Tax Credit Partners No. 1, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide	42110	75-1780981				Nationwide Lloyds	TX	JA	n/a	contract	0.000	Nationwide Mutual Insurance Company	
...0140	Nationwide						Nationwide Mutual Capital I, LLC	DE	NIA	Nationwide Mutual Capital, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		75-3191025				Nationwide Mutual Capital, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company	
...0140	Nationwide	23779	82-0549218				Nationwide Mutual Fire Insurance Company	OH	OTH	Other non-Nationwide	n/a	0.000	Other non-Nationwide	
...0140	Nationwide	23787	31-4177100				Nationwide Mutual Insurance Company	OH	UIP	Other non-Nationwide	n/a	0.000	Other non-Nationwide	
...0140	Nationwide		34-2012765				Nationwide Mutual Insurance Company			Nationwide Mutual Insurance Company				
...0140	Nationwide		34-2012765				Nationwide Private Equity Fund, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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...0140 ...	Nationwide37877 ...	31-0970750	Nationwide Property and Casualty Insurance Company	OH	JA	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company
...0140 ...	Nationwide .....	.....	01-0852763 .....	.....	.....	.....	Nationwide Property Protection Services, LLC	OH	NIA.....	Nationwide Services Company, LLC ... Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Nationwide Realty Investors, Ltd.	OH	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	...0.950	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Nationwide Realty Investors, Ltd.	OH	NIA.....	Nationwide Indemnity Company	Ownership.....	...0.050	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1486309 .....	.....	.....	.....	Nationwide Realty Management, LLC	OH	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	04-3833929 .....	.....	.....	.....	Nationwide Realty Management, LLC	OH	NIA.....	Nationwide Realty Investors, Ltd. Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
.....	.....	.....	.....	.....	.....	.....	Nationwide Realty Services, Ltd.	OH	NIA.....	Nationwide Retirement Solutions, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	06-0987812 .....	.....	.....	.....	Nationwide Retirement Solutions Insurance Agency, Inc.	MA	JA	Nationwide Retirement Solutions, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	73-0948330 .....	.....	.....	.....	Nationwide Retirement Solutions, Inc.	DE	NIA.....	NFS Distributors, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	86-0924069 .....	.....	.....	.....	Nationwide Retirement Solutions, Inc. of Arizona	AZ	NIA.....	Nationwide Retirement Solutions, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1331479 .....	.....	.....	.....	Nationwide Retirement Solutions, Inc. of Ohio	OH	NIA.....	Nationwide Retirement Solutions, Inc.	contract .....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	74-2200854 .....	.....	.....	.....	Nationwide Retirement Solutions, Inc. of Texas	TX	NIA.....	Nationwide Retirement Solutions, Inc.	contract .....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	52-6969856 .....	.....	.....	.....	Nationwide SA Capital Trust	DE	NIA.....	NWD Investment Management, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	42-1373380 .....	.....	.....	.....	Nationwide Sales Solutions, Inc.	JA	NIA.....	ALLIED Group, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	36-2434406 .....	.....	.....	.....	Nationwide Securities, LLC	OH	NIA.....	NFS Distributors, Inc. Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-4177100 .....	.....	.....	.....	Nationwide Services Company, LLC	OH	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	27-0743545 .....	.....	.....	.....	Nationwide Tax Credit Partners 2009-G, LLC	OH	NIA.....	Nationwide Mutual Insurance Company	Other.....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	27-0768791 .....	.....	.....	.....	Nationwide Tax Credit Partners 2009-H, LLC	OH	NIA.....	Nationwide Mutual Insurance Company	Other.....	...0.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	11-3651828 .....	.....	.....	.....	ND La Quinta Partners, LLC	DE	NIA.....	Nationwide Realty Investors, Ltd. ...	Ownership.....	...0.945	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Newhouse Capital Partners II, LLC	DE	NIA.....	Nationwide Global Ventures, Inc.	Ownership.....	...0.800	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Newhouse Capital Partners II, LLC	DE	NIA.....	Nationwide Global Ventures, Inc.	Ownership.....	...0.990	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Newhouse Capital Partners, LLC	DE	NIA.....	NWD Investment Management, Inc. Nationwide Mutual Insurance Company	Ownership.....	...0.190	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Newhouse Capital Partners, LLC	DE	NIA.....	Nationwide Mutual Fire Insurance Company	Ownership.....	...0.700	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	.....	.....	.....	.....	Newhouse Capital Partners, LLC	DE	NIA.....	Nationwide Financial Services, Inc.	Ownership.....	...0.100	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	31-1630871 .....	.....	.....	.....	NFS Distributors, Inc.	DE	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	14-1892640 .....	.....	.....	.....	NHT XII Tax Credit Fund, LLC	DC	NIA.....	Nationwide Life Insurance Company ..	Ownership.....	...0.500	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	14-1892640 .....	.....	.....	.....	NHT XII Tax Credit Fund, LLC	DC	NIA.....	Nationwide Assurance Company	Ownership.....	...0.250	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	14-1892640 .....	.....	.....	.....	NHT XII Tax Credit Fund, LLC	DC	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...0.250	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	26-0351004 .....	.....	.....	.....	North Bank Condominium Home Owners Association	OH	OTH.....	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140 ...	Nationwide .....	.....	20-4939866 .....	.....	.....	.....	North of Third, LLC	OH	NIA.....	NRI Equity Land Investments, LLC ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	26-4083207 .....	.....	.....	.....	Northstar Commercial Development, LLC	OH	NIA.....	Nationwide Realty Investors, Ltd. ...	Ownership.....	...0.500	Nationwide Mutual Insurance Company .	.....
...0140 ...	Nationwide .....	.....	26-4083354 .....	.....	.....	.....	Northstar Residential Developments, LLC	OH	NIA.....	Nationwide Realty Investors, Ltd. ...	Ownership.....	...0.500	Nationwide Mutual Insurance Company .	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0140	Nationwide		31-1486309				NRI 12325 Copper Way, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI 220 Schrock, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI Arena, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI Brooksidege, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI Builders, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI Communities, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI Communities/Charlotte, LLC	OH	NIA	NRI Communities, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI Communities/Harris Blvd., LLC	OH	NIA	NRI Communities, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI Cramer Creek, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866				NRI Equity Land Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	0.800	Nationwide Mutual Insurance Company	
0140	Nationwide						NRI Equity Tampa, LLC	OH	OTH	Nationwide Realty Investors, Ltd.	Ownership	0.500	Nationwide Mutual Insurance Company	
0140	Nationwide		30-4939866				NRI Office Ventures, Ltd	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				NRI Telecom, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide						NTCIF-2011 Georgia State Investor, LLC	OH	NIA	Nationwide Property and Casualty Company	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		90-0729552				NTCIF-2011, LLC	OH	NIA	Nationwide Life Insurance Company		1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4700627				NTCP 2011-A, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-2648254				NW-111 Congressional, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-2076516				NW-2100 Latham, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-1572329				NW-Arbor Blvd., LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		36-4702264				NW-Arvada, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-2724980				NW-Cameron, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4750067				NW-Center Park, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide									Nationwide Mutual Insurance Company				
0140	Nationwide		26-0901660				NW-CNC Coppell, LLC	DE	NIA		Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4431267				NW-Collection, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-2764819				NW-Commerce Center, LLC	DE	NIA	NW REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4576656				NW-Coral Cove, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide						NW-Corvallis, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 205 Vine, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 225 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 230 West, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 265 Neil, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 275 Marconi, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 295 McConnell, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 300 Neil, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 300 Spring, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 355 McConnell, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 401 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 425 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD 500 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD Arena Crossing, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD Arena District I, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD Arena District II, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD Arena District MM, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD Arena District PW, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD Arena District V, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		04-3679396				NWD Asset Management Holdings, Inc.	DE	NIA	Nationwide SA Capital Trust	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD Athletic Club, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1636299				NWD Investment Management, Inc.	DE	NIA	NWD Management & Research Trust	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283				NWD Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	0.800	Nationwide Mutual Insurance Company	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
0140	Nationwide		25-6711069				NWD Management & Research Trust	DE	NIA	Nationwide Corporation	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		90-0732898				NW-Dulles, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-1711211				NW-Foxwood Place, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4750429				NW-Francisco Bay, LLC	OH	NIA	Life REO Holdings, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-2647960				NW-Grapevine, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4750498				NW-Harvard Row, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-3336778				NW-Highland Park, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4387718				NW-Highmeadow, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4431168				NW-Interchange, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749640				NW-Kohls Market, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-3386303				NW-Middlesex Tech IV, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-3386189				NW-Middlesex Tech V, LLC	DE	NIA	NW-REI, LLC	Ownership	0.877	Nationwide Mutual Insurance Company	
0140	Nationwide		27-3386189				NW-Middlesex Tech V, LLC	DE	NIA	Nationwide Life Insurance Company	Ownership	0.024	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749848				NW-Northridge, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749937				NW-Park Village, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
										Nationwide Mutual Insurance Company				
0140	Nationwide		26-1903919				NW-REI, LLC	DE	NIA		Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4387647				NW-Ross Hall, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide						NW-Southline, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-2352827				NW-State Street, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749587				NW-Taylor Farmer Jack, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4387563				NW-University, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-1921199				NW-Willow Lake LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-0947092				OCH Company, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-0947092				Ohio Center Hotel Company, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	0.532	Nationwide Mutual Insurance Company	
0140	Nationwide		26-0263012				Old Track Street Owners Association	OH	OTH	Other non-Nationwide	n/a	0.000	Other non-Nationwide	
										Nationwide Life and Annuity Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company	
										Nationwide Mutual Insurance Company				
0140	Nationwide						OYS Fund, LLC	DE	OTH		Ownership	1.000	Nationwide Mutual Insurance Company	
										Nationwide Mutual Insurance Company	Investor member / no control	0.950	other non-Nationwide	
										Nationwide Financial Services, Inc.				
0140	Nationwide		39-1805904				Pension Associates, Inc.	WI	NIA		Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				Perimeter A, Ltd	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				Pine Communities, LLC	DE	NIA	NRI Communities, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309				Polaris A, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		39-1907217				Premier Agency, Inc.	IA	NIA	ALLIED Group, Inc.	Ownership	1.000	Nationwide Mutual Insurance Company	
							Privilege Underwriters Reciprocal Exchange	FL	JA	Other non-Nationwide	n/a	0.000	Other non-Nationwide	
4664	Pure	12873	20-8287105				Privilege Underwriters, Inc.	FL	JA	Other non-Nationwide	n/a	0.000	Other non-Nationwide	
4664	Pure	13204	26-3109178				Pure Insurance Company	FL	JA	Other non-Nationwide	n/a	0.000	Other non-Nationwide	
4664	Pure						Pure Risk Management, LLC	FL	JA	Other non-Nationwide	n/a	0.000	Other non-Nationwide	
							Registered Investment Advisors			Nationwide Financial Services, Inc.				
0140	Nationwide		75-2938844				Services, Inc.	TX	NIA		Ownership	1.000	Nationwide Mutual Insurance Company	
										Nationwide Mutual Fire Insurance Company				
0140	Nationwide		82-0549218				Retention Alternatives, Ltd.	Bermuda	JA		Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		22-3655264				Riverview International Group, Inc.	DE	NIA	NWD Management & Research Trust	Ownership	1.000	Nationwide Mutual Insurance Company	
							Riverview Multi Series Fund, LL -			Nationwide Mutual Insurance Company				
0140	Nationwide						Class Event	DE	OTH		Ownership	1.000	Nationwide Mutual Insurance Company	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
...0140...	Nationwide						Riverview Multi Series Fund, LL - Class N	DE	OTH.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide						Riverview Polyphony Fund, LLC	DE	OTH.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	15580	31-1117969				Scottsdale Indemnity Company	OH	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	41297	31-1024978				Scottsdale Insurance Company	OH	JA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	10672	86-0835870				Scottsdale Surplus Lines Insurance Company	AZ	JA.....	Scottsdale Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		31-1486309				South Pittsburgh, LLC	OH	NIA.....	NRI Communities, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		31-1486309				Streets of Toringdon, LLC	OH	NIA.....	Nationwide Realty Investors, Ltd. ..	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide						The Association for Theater Based Community Development, LLC		OTH.....	Nationwide Mutual Insurance Company	Limited partner /no control .....	...0.500	other non-Nationwide .....	.....
...0140...	Nationwide		91-2158214				The Hideaway Club	CA	OTH.....	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140...	Nationwide		86-1094799				The Hideaway Owners Association	CA	OTH.....	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140...	Nationwide		20-3541511				The Madison Club	CA	OTH.....	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140...	Nationwide		20-3541507				The Madison Club Owners Association ..	CA	OTH.....	Other non-Nationwide	n/a .....	...0.000	Other non-Nationwide .....	.....
...0140...	Nationwide		31-1610040				The Waterfront Partners, LLC	OH	NIA.....	Nationwide Realty Investors, Ltd. ..	Ownership.....	...0.500	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		52-2031677				THI Holdings (Delaware), Inc.	DE	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		74-2825853				Titan Auto Insurance of New Mexico, Inc.	NM	JA.....	Whitehall Holdings, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	13242	74-2286759				Titan Indemnity Company	TX	JA.....	THI Holdings (Delaware), Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	36269	86-0619597				Titan Insurance Company	MI	JA.....	Titan Indemnity Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		75-1284530				Titan Insurance Services, Inc.	TX	NIA.....	Whitehall Holdings, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		33-0160222				V.P.I. Services, Inc.	CA	JA.....	Veterinary Pet Insurance Company ...	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	42285	95-3750113				Veterinary Pet Insurance Company	CA	JA.....	Scottsdale Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	10644	34-1785903				Victoria Automobile Insurance Company		JA.....	Victoria Fire & Casulaty Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	42889	34-1394913				Victoria Fire & Casualty Company	OH	JA.....	THI Holdings (Delaware), Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	10778	34-1842604				Victoria National Insurance Company ..	OH	JA.....	Victoria Fire & Casulaty Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	10105	34-1777972				Victoria Select Insurance Company	OH	JA.....	Victoria Fire & Casulaty Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	10777	34-1842602				Victoria Specialty Insurance Company	OH	JA.....	Victoria Fire & Casulaty Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		31-1682140				Waterfront Apartments, LLC	OH	NIA.....	NRI Communities, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide	37150	86-0561941				Western Heritage Insurance Company ...	AZ	JA.....	Scottsdale Insurance Company	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide						Westport Capital Partners II	CT	OTH.....	Nationwide Mutual Insurance Company	Investor member / no control .....	...1.000	other non-Nationwide .....	.....
...0140...	Nationwide		74-2767942				Whitehall Holdings, Inc.	TX	NIA.....	THI Holdings (Delaware), Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		59-3471667				WI of Florida, Inc.	FL	NIA.....	Whitehall Holdings, Inc.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		31-1486309				Yacht Club Communities II, LLC	OH	NIA.....	NRI Communities, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide		31-1486309				Yacht Club Communities, LLC	DE	NIA.....	NRI Communities, Ltd.	Ownership.....	...1.000	Nationwide Mutual Insurance Company .	.....
...0140...	Nationwide						Zais Zephyr A4, LLC	DE	OTH.....	Nationwide Life Insurance Company ..	limited member / no control .....	...0.600	other non-Nationwide .....	.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

Asterisk	Explanation
1	For the purposes of this schedule, Nationwide presumed control of these entitites because they are owned by at least 10% and are not wholly-owned by a Nationwide entity.
2	Other ownership indicates a non-ownership circumstances by a Nationwide entity.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	42-0958655	ALLIED GROUP, INC					2,359				2,359	
10127	27-0114983	ALLIED INSURANCE COMPANY OF AMERICA					10,771		*		10,771	
42579	42-1201931	ALLIED PROP & CAS INS CO					74,098	(1,999,431)	*		(1,925,333)	878,395,617
19100	42-6054959	AMCO INSURANCE COMPANY			3,702,000		14,500	(205,500,606)	*		(201,784,106)	1,565,115,921
29262	74-1061659	COLONIAL COUNTY MUTUAL INSURNACE CO					(6,583,303)	(31,167,236)			(37,750,539)	134,370,593
18961	68-0066866	CRESTBROOK INSURANCE COMPANY					11,248	(674,626)	*		(663,378)	1,680,507
42587	42-1207150	DEPOSITORS INSURANCE COMPANY					9,275	22,958,925	*		22,968,200	491,015,739
13838	42-0618271	FARMLAND MUTUAL INSURANCE COMPANY					26,490	615,915	*		642,405	10,835,296
22209	75-6013587	FREEDOM SPECIALTY INSURANCE COMPANY			504,000		2,284	(1,681,411)			(1,175,127)	23,368,561
00000	74-1395229	LONE STAR GENERAL AGENCY					6,583,303				6,583,303	
11991	38-0865250	NATIONAL CASUALTY COMPANY					10,116	(36,320,036)			(36,309,920)	974,549,217
00000	42-1154244	NATIONWIDE ADVANTAGER MORTGAGE COMPANY			257,470,462		3,910				257,474,372	
26093	48-0470690	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA					1,280	52,424,089	*		52,425,369	486,101,608
28223	42-1015537	NATIONWIDE AGRIBUSINESS INSURANCE COMPANY					22,960	(62,052,329)	*		(62,029,369)	727,867,734
10723	95-0639970	NATIONWIDE ASSURANCE COMPANY					14,556	(10,325,163)			(10,310,607)	25,808,294
00000	11-3766032	NATIONWIDE BETTER HEALTH, INC		35,000,000			11,072				35,011,072	
00000	31-1177951	NATIONWIDE CASH MANAGEMENT COMPANY					(1,527,550)				(1,527,550)	
00000	31-4416546	NATIONWIDE CORPORATION		(35,000,000)	(50,000,000)		22,898				(84,977,102)	
00000	31-1486870	NATIONWIDE FINANCIAL SERVICES, INC.		53,700,000			149,280				53,849,280	
23760	31-4425763	NATIONWIDE GENERAL INSURANCE COMPANY					5,346	(63,389,838)	*		(63,384,492)	397,845,577
00000	31-1570938	NATIONWIDE GLOBAL HOLDINGS, INC.					4,063				4,063	
10070	31-1399201	NATIONWIDE INDEMNITY COMPANY		(61,600,000)	4,500,000		77,080	52,475,131			(4,547,789)	(594,833,579)
25453	95-2130882	NATIONWIDE INSURANCE COMPANY OF AMERICA			410,000		16,286	(61,425,340)			(60,999,054)	787,067,487
10948	31-1613686	NATIONWIDE INSURANCE COMPANY OF FLORIDA					24,036	(16,648,750)			(16,624,714)	640,417
00000	73-0988442	NATIONWIDE INVESTMENT SERVICES CORPORATION										
			(1,000,000)								(1,000,000)	
92657	31-1000740	NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY		108,722,200	22,694,022		(102,655,865)	(15,271,277)			13,489,080	667,302,535
66869	31-4156830	NATIONWIDE LIFE INSURANCE COMPANY	1,000,000	(153,700,000)	13,173,039		(618,927,536)	23,059,017			(735,395,480)	(142,742,839)
42110	75-1780981	NATIONWIDE LLOYDS						(24,906,882)			62,139,666	
23779	31-4177110	NATIONWIDE MUTUAL FIRE INS COMPANY			(4,400,000)		42,595	7,110,587	*		2,753,182	6,756,650
23787	31-4177100	NATIONWIDE MUTUAL INS COMPANY		15,100,000	(247,549,523)		722,804,241	1,444,961,706	*		1,935,316,424	(6,980,856,140)
37877	31-0970750	NATIONWIDE PROPERTY AND CASUALTY INS COMPANY					9,438	(11,856,671)	*		(11,847,233)	1,309,471,199
00000	31-1486309	NATIONWIDE REALTY INVESTORS, LTD		46,500,000							46,500,000	
00000	14-1904606	NF REINSURANCE LTD.					485				485	
13999	27-1712056	OLENTANGY REINSURANCE,LLC		(8,722,200)			(369,385)				(9,091,585)	(524,559,697)
15580	31-1117969	SCOTTSDALE INDEMNITY COMPANY					2,956	(12,990,049)			(12,987,093)	284,856,064
41297	31-1024978	SCOTTSDALE INSURANCE COMPANY			(504,000)		65,270	(903,322,751)	*		(903,761,481)	(1,441,555,238)
10672	86-0835870	SCOTTSDALE SURPLUS LINES INSURANCE COMPANY						(3,840,429)			(3,840,429)	15,398,764
00000	52-2031677	THI HOLDINGS INC		15,000,000			654				15,000,654	
13242	74-2286759	TITAN INDEMNITY INSURANCE COMPANY		(15,000,000)			23,701	13,339,172			(1,637,127)	147,957,973

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
36269	86-0619597	TITAN INSURANCE COMPANY						(4,914,840)			(4,914,840)	52,615,002
42285	95-3750113	VETERINARY PET INS CO						(92,981,620)			(92,981,620)	
10778	34-1842604	VICTORIA NATIONAL INSURANCE COMPANY					1,747	(33,666)	*		(31,919)	19,039
10644	34-1785903	VICTORIA AUTO INSURANCE COMPANY						(4,069,675)	*		(4,069,675)	19,707,927
42889	34-1394913	VICTORIA FIRE & CASUALTY INSURANCE COMPANY										
							10,130	(52,455,316)	*		(52,445,186)	211,259,525
10108	34-1777972	VICTORIA SELECT INSURANCE COMPANY					2,973	(10,273,533)	*		(10,270,560)	62,443,605
10777	34-1842602	VICTORIA SPECIALTY INSURANCE COMPANY					2,238	(11,018,055)	*		(11,015,817)	42,081,064
37150	86-0561941	WESTERN HERITAGE INSURANCE COMPANY						22,174,988			22,174,988	297,875,912
9999999	Control Totals								XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual 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.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	YES
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	YES
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	YES
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	YES

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	YES
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	YES
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	YES
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING

40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
44.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING

48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
-----	--	-----

Explanations:	
12.	
14.	
20.	
22.	
23.	
27.	
29.	
30.	
33.	
34.	
36.	
37.	
38.	
39.	
42.	

Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 6 6 8 6 9 2 0 1 1 4 2 0 0 0 0 0 0
14.	Trusted Surplus Statement [Document Identifier 490]	 6 6 8 6 9 2 0 1 1 4 9 0 0 0 0 0 0
20.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	 6 6 8 6 9 2 0 1 1 4 4 5 0 0 0 0 0
22.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 6 6 8 6 9 2 0 1 1 4 4 7 0 0 0 0 0
23.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 6 6 8 6 9 2 0 1 1 4 4 8 0 0 0 0 0
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 6 6 8 6 9 2 0 1 1 4 5 2 0 0 0 0 0
29.	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 6 6 8 6 9 2 0 1 1 4 3 6 0 0 0 0 0
30.	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 6 6 8 6 9 2 0 1 1 4 3 7 0 0 0 0 0
33.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 6 6 8 6 9 2 0 1 1 4 5 4 0 0 0 0 0
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 6 6 8 6 9 2 0 1 1 4 9 5 0 0 0 0 0
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	 6 6 8 6 9 2 0 1 1 3 6 5 0 0 0 0 0
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 6 6 8 6 9 2 0 1 1 2 2 4 0 0 0 0 0
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 6 6 8 6 9 2 0 1 1 2 2 5 0 0 0 0 0
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 6 6 8 6 9 2 0 1 1 2 2 6 0 0 0 0 0
42.	Credit Insurance Experience Exhibit [Document Identifier 230]	 6 6 8 6 9 2 0 1 1 2 3 0 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504. Prepaid Pension Costs	78,038,677	76,058,315	1,980,362	3,216,025
2597. Summary of remaining write-ins for Line 25 from overflow page	78,038,677	76,058,315	1,980,362	3,216,025

Additional Write-ins for Liabilities Line 25

		1	2
		Current Year	Prior Year
2504. Reserve for Escheat Funds		19,400,234	19,351,937
2505. Reserve for Litigation		5,862,254	24,244,240
2506. Reserve for Rate Stabilizations		26,438,434	26,999,758
2597. Summary of remaining write-ins for Line 25 from overflow page		51,700,922	70,595,935

Additional Write-ins for Exhibit of Capital Gains and Losses Line 9

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
0904. Home Purchases	(443,598)		(443,598)		
0905. Retirement Benefits				28,817	
0997. Summary of remaining write-ins for Line 9 from overflow page	(443,598)		(443,598)	28,817	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Analysis of Operations Line 27

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
2704.												
2797. Summary of remaining write-ins for Line 27 from overflow page												



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Alabama.....
NAIC Group Code 0140 NAIC Company Code 66869
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES.....	1522.....	P.....	NO.....	0034000.....	08/12/1982.....	05/11/2001.....	03/01/1992.....	Medicare Supplement.....	7,600.....	1,808.....	23.8.....	1.....
YES.....	2122AL.....	B.....	NO.....	0034000.....	06/08/1992.....	11/06/2002.....	05/11/2001.....	12/01/2002.....	Medicare Supplement.....	8,792.....	3,092.....	35.2.....	3.....
YES.....	2123AL.....	F.....	NO.....	0034000.....	06/08/1992.....	11/06/2002.....	05/11/2001.....	12/01/2002.....	Medicare Supplement.....	44,590.....	12,245.....	27.5.....	10.....
YES.....	2129-1.....	C.....	NO.....	0034000.....	08/03/1999.....	11/06/2002.....	05/11/2001.....	12/01/2002.....	Medicare Supplement.....	3,876.....	4,023.....	103.8.....	1.....
0199999. Total Experience on Individual Policies										64,858	21,169	32.6	15						

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										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.....	08/31/1982.....		04/30/2001.....	12/01/1989.....	Medicare Supplement.....	4,551.....	833.....	18.3.....	1.....				
0199999. Total Experience on Individual Policies										4,551.....	833.....	18.3.....	1.....				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Connecticut
NAIC Group Code 0140 NAIC Company Code 66869
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										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	2121CT94	A	NO	0034060	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	78,961	52,158	66.1	51				
YES	2122CT94	B	NO	0034060	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	179,540	121,283	67.6	65				
YES	2123CT94	F	NO	0034000	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	367,368	203,209	55.3	91				
0199999. Total Experience on Individual Policies										625,868	376,651	60.2	207				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Delaware.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										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.....	09/13/1982.....		05/16/2001.....	01/01/1991.....	Medicare Supplement.....	6,296.....	7,292.....	115.8.....	2.....				
0199999. Total Experience on Individual Policies										6,296.....	7,292.....	115.8.....	2.....				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0140 NAIC Company Code 66869
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES.....	1524	P.....	NO.....	.0034000	12/16/198205/10/2001	12/01/1991	Medicare Supplement	177,423	223,470	126.0	105
YES.....	2121FL	A.....	NO.....	.0034000	03/12/1992	12/03/200205/10/2001	12/01/2002	Medicare Supplement	18,105	6,826	37.7	13
YES.....	2122FL	B.....	NO.....	.0034000	03/12/1992	12/03/200205/10/2001	12/01/2002	Medicare Supplement	180,682	143,686	79.5	97
YES.....	2123FL	F.....	NO.....	.0034000	03/12/1992	12/03/200205/10/2001	12/01/2002	Medicare Supplement	1,165,942	1,084,041	93.0	483
0199999. Total Experience on Individual Policies										1,542,152	1,458,023	94.5	698						

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Georgia.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES.....	1522.....	P.....	NO.....	0034000.....	11/17/1982.....	05/31/2001.....	07/01/1989.....	Medicare Supplement.....	36,906.....	40,143.....	108.8.....	16.....
YES.....	2121GA.....	A.....	NO.....	0034000.....	08/28/1992.....	11/01/2002.....	05/31/2001.....	12/01/2002.....	Medicare Supplement.....	2,902.....	1,104.....	38.0.....	1.....
YES.....	2122GA.....	B.....	NO.....	0034000.....	08/28/1992.....	11/01/2002.....	05/31/2001.....	12/01/2002.....	Medicare Supplement.....	16,771.....	29,781.....	177.6.....	7.....
YES.....	2123GA.....	F.....	NO.....	0034000.....	08/28/1992.....	11/01/2002.....	05/31/2001.....	12/01/2002.....	Medicare Supplement.....	345,609.....	198,388.....	57.4.....	113.....
0199999. Total Experience on Individual Policies										402,188	269,416	67.0	137						

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13 Percent of Premiums Earned			16	17 Percent of Premiums Earned	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES	1522	P	NO	0034000	11/20/1982		06/26/2001	12/01/1989	Medicare Supplement	3,606	3,789	105.1	1				
YES	2123	F	NO	0034000	05/31/1994	12/19/2002	06/26/2001	12/01/2002	Medicare Supplement	3,925	(10)	(0.3)					
0199999. Total Experience on Individual Policies										7,531	3,779	50.2	1				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Indiana.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011						
										11	Incurred Claims		14	15	Incurred Claims		18			
											12	13			16	17				
																		Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan
YES.....	1522.....	P.....	NO.....	0034000.....	09/21/1982.....		05/21/2001.....	12/01/1991.....	Medicare Supplement.....	37,843.....	36,968.....	97.7.....	10.....							
YES.....	2121IN.....	A.....	NO.....	0034000.....	01/09/1995.....	11/04/2002.....	05/21/2001.....	12/01/2002.....	Medicare Supplement.....	4,284.....	397.....	9.3.....	3.....							
YES.....	2122IN.....	B.....	NO.....	0034000.....	01/09/1995.....	11/04/2002.....	05/21/2001.....	12/01/2002.....	Medicare Supplement.....	5,581.....	(286).....	(5.1).....	2.....							
YES.....	2123IN.....	F.....	NO.....	0034000.....	01/09/1995.....	11/04/2002.....	05/21/2001.....	12/01/2002.....	Medicare Supplement.....	17,262.....	12,292.....	71.2.....	4.....							
0199999. Total Experience on Individual Policies										64,970	49,371	76.0	19							

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011						
										11	Incurred Claims		14	15	Incurred Claims		18			
											12	13			16	17				
																		Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan
YES.....	1522.....	P.....	NO.....	0034000.....	09/27/1982.....		05/14/2001.....	12/01/1991.....	Medicare Supplement.....	31,835.....	6,782.....	21.3.....	9.....							
YES.....	2121KY.....	A.....	NO.....	0034060.....	06/28/1994.....	11/04/2002.....	05/14/2001.....	12/01/2002.....	Medicare Supplement.....	1,962.....	98.....	5.0.....	1.....							
YES.....	2122KY.....	B.....	NO.....	0034060.....	06/28/1994.....	11/04/2002.....	05/14/2001.....	12/01/2002.....	Medicare Supplement.....	9,148.....	3,107.....	34.0.....	4.....							
YES.....	2123KY.....	F.....	NO.....	0034060.....	06/28/1994.....	11/04/2002.....	05/14/2001.....	12/01/2002.....	Medicare Supplement.....	56,672.....	23,363.....	41.2.....	16.....							
0199999. Total Experience on Individual Policies										99,617	33,350	33.5	30							

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Maryland.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										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	2121MD	A	NO	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	13,838	7,938	57.4	9				
YES	2122MD	B	NO	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	60,643	52,999	87.4	33				
YES	2123MD	F	NO	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	1,053,636	642,469	61.0	306				
0199999. Total Experience on Individual Policies										1,128,117	703,406	62.4	348				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Minnesota.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										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	MS-1 0990	0	NO	0000007				12/31/1993	Medicare Supplement - Extended Basic	26,598	28,809	108.3	9				
0199999. Total Experience on Individual Policies										26,598	28,809	108.3	9				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Mississippi.....
NAIC Group Code 0140..... NAIC Company Code 66869
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220
Person Completing This Exhibit
Title Telephone Number

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 2008				Policies Issued in 2009; 2010; 2011			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	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	34,080	3,401	10.0	7				
YES.....	2122	B.....	NO.....	0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	6,476	32,447	501.0	2				
YES.....	2123	F.....	NO.....	0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	103,750	47,669	45.9	24				
0199999. Total Experience on Individual Policies										144,306	83,517	57.9	33				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										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.....	.09/13/1982.....		.04/24/2001.....	.12/01/1991.....	Medicare Supplement.....	225,148.....	170,715.....	75.8.....	.81.....				
YES.....	2121NC.....	A.....	NO.....	.0034060.....	.06/16/1992.....	.11/05/2002.....	.04/24/2001.....	.12/01/2002.....	Medicare Supplement.....	30,191.....	12,914.....	42.8.....	.14.....				
YES.....	2122NC.....	B.....	NO.....	.0034000.....	.06/16/1992.....	.11/05/2002.....	.04/24/2001.....	.12/01/2002.....	Medicare Supplement.....	41,612.....	10,139.....	24.4.....	.15.....				
YES.....	2123NC.....	F.....	NO.....	.0034000.....	.06/16/1992.....	.11/05/2002.....	.04/24/2001.....	.12/01/2002.....	Medicare Supplement.....	953,953.....	630,505.....	66.1.....	.310.....				
YES.....	2124NC.....	J.....	NO.....	.0034000.....	.06/16/1992.....	.11/05/2002.....	.04/24/2001.....	.12/01/2002.....	Medicare Supplement.....	47,923.....	8,967.....	18.7.....	.8.....				
YES.....	2129NC.....	C.....	NO.....	.0034060.....	.07/05/2000.....	.11/05/2002.....	.04/24/2001.....	.12/01/2002.....	Medicare Supplement.....	16,921.....	6,984.....	41.3.....	.4.....				
0199999. Total Experience on Individual Policies										1,315,748	840,224	63.9	432				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: ,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES.....	1522.....	P.....	NO.....	0034000.....	07/15/1982.....		05/15/2001.....	04/01/1992.....	Medicare Supplement.....	281,293.....	160,379.....	57.0.....	88.....						
YES.....	2121.....	A.....	NO.....	0034000.....	03/20/1992.....	11/01/2001.....	05/15/2001.....	12/01/2002.....	Medicare Supplement.....	26,476.....	12,645.....	47.8.....	15.....						
YES.....	2122.....	B.....	NO.....	0034000.....	03/20/1992.....	11/01/2001.....	05/15/2001.....	12/01/2002.....	Medicare Supplement.....	238,146.....	154,240.....	64.8.....	109.....						
YES.....	2123.....	F.....	NO.....	0034000.....	03/20/1992.....	11/01/2001.....	05/15/2001.....	12/01/2002.....	Medicare Supplement.....	1,843,789.....	1,015,622.....	55.1.....	578.....						
0199999. Total Experience on Individual Policies										2,389,704.....	1,342,886.....	56.2.....	790.....						

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Oregon.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										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.....	02/05/1986.....		06/01/2001.....	01/01/1989.....	Medicare Supplement.....	6,932.....	1,211.....	17.5.....	2.....				
0199999. Total Experience on Individual Policies										6,932.....	1,211.....	17.5.....	2.....				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011						
										11	Incurred Claims		14	15	Incurred Claims		18			
											12	13			16	17				
																		Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan
YES.....	1522.....	P.....	NO.....	0034000.....	11/30/1982.....		05/07/2001.....	08/01/1989.....	Medicare Supplement.....	221,470.....	144,008.....	65.0.....	66.....							
YES.....	2121PA.....	A.....	NO.....	0034060.....	09/04/1992.....	11/20/2002.....	05/07/2001.....	12/01/2002.....	Medicare Supplement.....	49,302.....	39,990.....	81.1.....	30.....							
YES.....	2122PA.....	B.....	NO.....	0034060.....	09/04/1992.....	11/20/2002.....	05/07/2001.....	12/01/2002.....	Medicare Supplement.....	240,177.....	141,846.....	59.1.....	97.....							
YES.....	2129.....	C.....	NO.....	0034060.....	09/04/1992.....	11/20/2002.....	05/07/2001.....	12/01/2002.....	Medicare Supplement.....	1,581,997.....	903,370.....	57.1.....	453.....							
0199999. Total Experience on Individual Policies										2,092,946	1,229,214	58.7	646							

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011						
										11	Incurred Claims		14	15	Incurred Claims		18			
											12	13			16	17				
																		Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan
YES.....	1522.....	P.....	NO.....	0034000.....	10/06/1982.....		04/24/2001.....	04/01/1992.....	Medicare Supplement.....	94,399.....	40,368.....	42.8.....	32.....							
YES.....	2121SC.....	A.....	NO.....	0034000.....	02/05/1993.....	11/05/2002.....	04/24/2001.....	12/01/2002.....	Medicare Supplement.....	1,843.....			1.....							
YES.....	2122SC.....	B.....	NO.....	0034000.....	02/05/1993.....	11/05/2002.....	04/24/2001.....	12/01/2002.....	Medicare Supplement.....	22,657.....	9,319.....	41.1.....	9.....							
YES.....	2123SC.....	F.....	NO.....	0034000.....	02/05/1993.....	11/05/2002.....	04/24/2001.....	12/01/2002.....	Medicare Supplement.....	282,166.....	158,004.....	56.0.....	82.....							
0199999. Total Experience on Individual Policies										401,065	207,691	51.8	124							

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES.....	1522.....	P.....	NO.....	0034000.....	09/01/1982.....	05/31/2001.....	06/01/1992.....	Medicare Supplement.....	48,853.....	63,148.....	129.3.....	14.....
YES.....	2122TN.....	B.....	NO.....	0034000.....	06/30/1992.....	11/19/2002.....	05/31/2001.....	12/01/2002.....	Medicare Supplement.....	8,955.....	5,074.....	56.7.....	3.....
YES.....	2123TN.....	F.....	NO.....	0034000.....	06/30/1992.....	11/19/2002.....	05/31/2001.....	12/01/2002.....	Medicare Supplement.....	203,483.....	123,484.....	60.7.....	57.....
YES.....	2129TN.....	C.....	NO.....	0034000.....	03/10/2000.....	11/19/2002.....	05/31/2001.....	12/01/2002.....	Medicare Supplement.....	(103).....
0199999. Total Experience on Individual Policies										261,291	191,603	73.3	74		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

360.TX



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Texas.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES	2121TX	A	NO	0034060	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	10,493	3,967	37.8	4				
YES	2123TX	F	NO	0034000	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	76,560	41,298	53.9	13				
0199999. Total Experience on Individual Policies										87,053	45,265	52.0	17				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

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 2008				Policies Issued in 2009; 2010; 2011			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13 Percent of Premiums Earned			16	17 Percent of Premiums Earned	
YES.....	1522.....	P.....	NO.....	0034000.....	09/27/1982.....		05/11/2001.....	02/01/1989.....	Medicare Supplement.....	161,415.....	89,344.....	55.4.....	47.....				
YES.....	2121VA.....	A.....	NO.....	0034000.....	07/30/1992.....	11/21/2002.....	05/11/2001.....	12/01/2002.....	Medicare Supplement.....	5,775.....	2,550.....	44.2.....	4.....				
YES.....	2122VA.....	B.....	NO.....	0034000.....	07/30/1992.....	11/21/2002.....	05/11/2001.....	12/01/2002.....	Medicare Supplement.....	59,957.....	25,617.....	42.7.....	33.....				
YES.....	2123VA.....	F.....	NO.....	0034000.....	07/30/1992.....	11/21/2002.....	05/11/2001.....	12/01/2002.....	Medicare Supplement.....	904,950.....	604,299.....	66.8.....	281.....				
0199999. Total Experience on Individual Policies										1,132,097	721,810	63.8	365				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
NAIC Group Code 0140..... NAIC Company Code 66869.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220.....
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										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.....	1523.....	P.....	NO.....	.0034000.....	.09/22/1982.....	.....	.05/30/2001.....	..12/01/1991.....	Medicare Supplement.....	189,251.....	134,543.....	71.1.....	58.....	.....	.....	.....	.....
YES.....	2121WV.....	A.....	NO.....	.0034000.....	.02/27/1992.....	.11/07/2002.....	.05/30/2001.....	..12/01/2002.....	Medicare Supplement.....	6,731.....	961.....	14.3.....	4.....	.....	.....	.....	.....
YES.....	2122WV.....	B.....	NO.....	.0034000.....	.02/27/1992.....	.11/07/2002.....	.05/30/2001.....	..12/01/2002.....	Medicare Supplement.....	49,393.....	31,044.....	62.9.....	21.....	.....	.....	.....	.....
YES.....	2123WV.....	F.....	NO.....	.0034000.....	.02/27/1992.....	.11/07/2002.....	.05/30/2001.....	..12/01/2002.....	Medicare Supplement.....	636,812.....	367,822.....	57.8.....	179.....	.....	.....	.....	.....
YES.....	2129WV.....	C.....	NO.....	.0034000.....	.08/02/1999.....	.11/07/2002.....	.05/30/2001.....	..12/01/2002.....	Medicare Supplement.....	3,325.....	1,241.....	37.3.....	1.....	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										885,512	535,611	60.5	263				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete 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:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

Of The Nationwide Life Insurance Company
ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220
NAIC Group Code 0140 NAIC Company Code 66869 Employer's Identification Number (FEIN) 31-4156830

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Net Amount Paid Policyholders				
		1 2007	2 2008	3 2009	4 2010	5 2011(a)
1.	Prior	(469)	(1,063)	505	132	106
2.	2007	437	320	19	5	13
3.	2008	XXX	861	342	34	16
4.	2009	XXX	XXX	586	422	30
5.	2010	XXX	XXX	XXX	371	435
6.	2011	XXX	XXX	XXX	XXX	223

Section B - Other Accident and Health

1.	Prior	(50)	(107)	184	154	88
2.	2007	37	34	15	14	13
3.	2008	XXX	46	13	18	14
4.	2009	XXX	XXX	53	69	18
5.	2010	XXX	XXX	XXX	69	51
6.	2011	XXX	XXX	XXX	XXX	50

Section C - Credit Accident and Health

1.	Prior	NONE				
2.	2007					
3.	2008					
4.	2009					
5.	2010					
6.	2011					

Section D -

1.	Prior	NONE				
2.	2007					
3.	2008					
4.	2009					
5.	2010					
6.	2011					

Section E -

1.	Prior	NONE				
2.	2007					
3.	2008					
4.	2009					
5.	2010					
6.	2011					

Section F -

1.	Prior	NONE				
2.	2007					
3.	2008					
4.	2009					
5.	2010					
6.	2011					

Section G -

1.	Prior	NONE				
2.	2007					
3.	2008					
4.	2009					
5.	2010					
6.	2011					

(a) See paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

Supplement Schedule O - Part 2 Section A
N O N E

Supplement Schedule O - Part 2 Section B
N O N E

Supplement Schedule O - Part 2 Section C
N O N E

Supplement Schedule O - Part 2 Section D
N O N E

Supplement Schedule O - Part 2 Section E
N O N E

Supplement Schedule O - Part 2 Section F
N O N E

Supplement Schedule O - Part 2 Section G
N O N E

SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	1,268	767	96	XXX	XXX
2. 2008	XXX	1,751	817	110	XXX
3. 2009	XXX	XXX	1,368	736	32
4. 2010	XXX	XXX	XXX	1,151	647
5. 2011	XXX	XXX	XXX	XXX	998

Section B - Other Accident and Health

1. 2007	269	162	126	XXX	XXX
2. 2008	XXX	283	136	130	XXX
3. 2009	XXX	XXX	286	193	133
4. 2010	XXX	XXX	XXX	302	179
5. 2011	XXX	XXX	XXX	XXX	287

Section C - Credit Accident and Health

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section D -

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section E -

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section F -

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section G -

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	1,268	767	96	18	164
2. 2008	XXX	1,751	817	110	92
3. 2009	XXX	XXX	1,368	736	32
4. 2010	XXX	XXX	XXX	1,151	647
5. 2011	XXX	XXX	XXX	XXX	998

Section B - Other Accident and Health

1. 2007	269	162	126	125	128
2. 2008	XXX	283	136	130	129
3. 2009	XXX	XXX	286	193	133
4. 2010	XXX	XXX	XXX	302	179
5. 2011	XXX	XXX	XXX	XXX	287

Section C - Credit Accident and Health

1. 2007					
2. 2008	XXX				
3. 2009	XXX				
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section D -

1. 2007					
2. 2008	XXX				
3. 2009	XXX				
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section E -

1. 2007					
2. 2008	XXX				
3. 2009	XXX				
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section F -

1. 2007					
2. 2008	XXX				
3. 2009	XXX				
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section G -

1. 2007					
2. 2008	XXX				
3. 2009	XXX				
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business		1 Methodology	2 Amount
1. Industrial Life			
2. Ordinary Life	Other		45,533
3. Individual Annuity			
4. Supplementary Contracts			
5. Credit Life			
6. Group Life	Other		4,867
7. Group Annuities	Other		316
8. Group Accident and Health	Standard Factor & Development		35,945
9. Credit Accident and Health			
10. Other Accident and Health	Standard Factor & Development		1,507
11. Total			88,168

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