



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 (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 (Area Code) (Telephone Number)			
Internet Website Address	www.nationwide.com					
Statutory Statement Contact	Arlene E. Swanson (Name)		614-249-1545 (Area Code) (Telephone Number)			
	stataacct@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 & Robert William Horner III VP - NF Actuary Steven Andrew Ginnan  
Secretary

**OTHER**

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

**DIRECTORS OR TRUSTEES**

Timothy Gerard Frommeyer  
Mark Raymond Thresher

PETER ANTHONY GOLATO  
KIRT ALAN WALKER

Stephen Scott Rasmussen

State of Ohio County of Franklin SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. 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 /  
Jeffrey W. Clark

- a. Is this an original filing?

b. If no,

  1. State the amendment number \_\_\_\_\_
  2. Date filed \_\_\_\_\_
  3. Number of pages \_\_\_\_\_

Yes [ X ] No [ ]

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

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....		567,393		23		567,416
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	551,626	.533,483			.261,736
24.1 Federal Employees Health Benefits Program premium (b) .....					.255,236
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 products insured under indemnity only products ..... 521 .....

77 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	772,362	.771,937			3,486
24.1 Federal Employees Health Benefits Program premium (b) .....					3,986
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) .....	772,362	.771,937			3,486
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					3,986

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

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 861 .



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

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products insured under indemnity only products ..... 673 .....

15 and number of persons



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

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	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-cancellable (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 products ..... and number of persons insured under indemnity only products ..... 2,838 .....



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

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products 805 and number of persons insured under indemnity only products 614 .



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

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 314 .....



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

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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) .....				43		1,326,930
8. Grand Totals (Lines 6.5 plus 7.4) .....		1,326,887				
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 106 .....



**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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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 .....			XXX		XXX	
3. Deposit-type contract funds .....		11,967,593		1,809,016		13,776,609
4. Other considerations .....		23,132,607		1,852,610		24,985,217
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products insured under indemnity only products ..... 21 .....

58 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 2,564 .....



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

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....				413		1,681,460
8. Grand Totals (Lines 6.5 plus 7.4) .....		1,681,047				1,681,460
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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
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 products ..... 103 and number of persons insured under indemnity only products ..... 1,602 .....



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

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	10,041	7,927			10,188
24.1 Federal Employees Health Benefits Program premium (b) .....					11,588
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 products insured under indemnity only products ..... 5 .....

26 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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			
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 144 .....



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

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 1,902 .....



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

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....				193		
8. Grand Totals (Lines 6.5 plus 7.4)	806,373					806,566
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_ 1,210 .



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

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....				35		
8. Grand Totals (Lines 6.5 plus 7.4) .....	406,795					406,830
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 products insured under indemnity only products ..... 1,047 .....

26 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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			
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 .....				20		
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	272,314					272,334
Annuites:						
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) .....				20		
8. Grand Totals (Lines 6.5 plus 7.4) .....	272,314					272,334
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	683,089	.561,076			186,953
24.1 Federal Employees Health Benefits Program premium (b) .....					187,553
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 products insured under indemnity only products ..... 444 .....

12 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... 1,755 and number of persons insured under indemnity only products ..... 641 .



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

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	2,160,412			77,750		2,238,162
2. Annuity considerations .....	2,461,378		XXX		XXX	2,461,378
3. Deposit-type contract funds .....						
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products insured under indemnity only products ..... 490 .....

26 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products insured under indemnity only products ..... 113 .....



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

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....				376		
8. Grand Totals (Lines 6.5 plus 7.4) .....	2,743,353					2,743,728
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	897,994	.938,322			694,520
24.1 Federal Employees Health Benefits Program premium (b) .....					.629,520
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
25.3 Non-renewable for stated reasons only (b) .....	557	557			.672,857
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,076,999	.1,076,999			.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 products ..... 403 and number of persons insured under indemnity only products ..... 544 .



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

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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			
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....				92		1,609,526
8. Grand Totals (Lines 6.5 plus 7.4) .....	1,609,434					1,609,526
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 297 .....



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

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... 149 and number of persons insured under indemnity only products ..... 1,500 .....



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

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products insured under indemnity only products ..... 326 .....

69 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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	
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>							
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	
Annuites:							
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	
<b>DIRECT CLAIMS AND BENEFITS PAID</b>							
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
<b>DETAILS OF WRITE-INS</b>							
1301.							
1302.							
1303.							
1398. Summary of Line 13 from overflow page .....							
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)							

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	1,546,769	1,556,923			688,315
24.1 Federal Employees Health Benefits Program premium (b) .....					.661,015
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 products ....., and number of persons insured under indemnity only products ....., 615 .....



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

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....				45		450,008
8. Grand Totals (Lines 6.5 plus 7.4) .....	449,963					450,008
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 products insured under indemnity only products ..... 1,682 .....

51 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 .....				11		
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	86,434			11		86,445
Annuites:						
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) .....				11		
8. Grand Totals (Lines 6.5 plus 7.4) .....	86,434			11		86,445
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 products insured under indemnity only products ..... 102 .....



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

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 363 .



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

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>										
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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	875,168	.712,683			495,243
24.1 Federal Employees Health Benefits Program premium (b) .....					487,543
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 products ..... and number of persons insured under indemnity only products ..... 516 .....



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

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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		XXX		XXX	2,537,275
3. Deposit-type contract funds .....						
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	55,812	60,186			.83,092
24.1 Federal Employees Health Benefits Program premium (b) .....					.84,392
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 products insured under indemnity only products ..... 32 .....

248 and number of persons



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

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ....., and number of persons insured under indemnity only products ....., 716 .....



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

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products insured under indemnity only products ..... 233 .....



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

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 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

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ....., and number of persons insured under indemnity only products ....., 1,520 .....



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

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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 .....					4	16,781			5	.216,781
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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.87,797	.89,554			.15,731
24.1 Federal Employees Health Benefits Program premium (b) .....					.16,331
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 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

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	105,668	10,457,990,891	(a)			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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ....., and number of persons insured under indemnity only products ....., 2,158 .....



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

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....				13		
8. Grand Totals (Lines 6.5 plus 7.4) .....	242,389					242,403
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	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 products insured under indemnity only products ..... 422 .....

16 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	578,106	.535,579			242,648
24.1 Federal Employees Health Benefits Program premium (b) .....					.241,248
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
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 products ..... and number of persons insured under indemnity only products ..... 386 .

40 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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		278		57
8. Grand Totals (Lines 6.5 plus 7.4) .....		11,938,776				11,939,055
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 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

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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		XXX		XXX	1,762,672
3. Deposit-type contract funds .....						
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 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

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 617 .....



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

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 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

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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		XXX		XXX	8,727,034
3. Deposit-type contract funds .....						
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....				47		1,210,377
8. Grand Totals (Lines 6.5 plus 7.4) .....	1,210,330			47		1,210,377
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 insured under indemnity only products ..... 1,156 .....

30 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 .....				30		
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) .....				30		
8. Grand Totals (Lines 6.5 plus 7.4)		2,988,070		30		2,988,100
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>										
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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ....., and number of persons insured under indemnity only products ....., 3,740 .....



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

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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)										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	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
24.1 Federal Employees Health Benefits Program premium (b) .....					55,350
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) .....	123,707	117,838			55,050
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					55,350

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products ..... 270 .....



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

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....	148,361			6		148,361
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>										
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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... and number of persons insured under indemnity only products ..... 34 .....



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

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_ 888 .



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

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_ 528 .



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

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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			
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....	5,001,484			24,653		5,026,137
10. Matured endowments .....	45,746					45,746
11. Annuity benefits .....	17,683,043					32,206,821
12. Surrender values and withdrawals for life contracts .....	2,891,899			14,523,778		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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	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
24.1 Federal Employees Health Benefits Program premium (b) .....					.522,751
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
25.3 Non-renewable for stated reasons only (b) .....					.527,897
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,807,751	1,814,335			1,062,849
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products ..... 449 .....				37	and number of persons



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

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	1,213,069	1,201,963			
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)			
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	2,516	2,516			
25.6 Totals (sum of Lines 25.1 to 25.5) .....	215	215			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,213,284	1,202,178			

(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 ..... 448 .....



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

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 products insured under indemnity only products ..... 80 .....

13 and number of persons



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

DIRECT BUSINESS IN THE STATE OF American Samoa

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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 .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 insured under indemnity only products .....

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Guam

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. .....						
1302. .....						
1303. .....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 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

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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			
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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) .....	225	364			
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 insured under indemnity only products ..... 3 .....



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

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

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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)										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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) .....	7,199	7,484		1,777	1,677
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 insured under indemnity only products ..... 0 .....



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

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	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) .....					
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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 .....					
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

**NONE**

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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) .....										
<b>POLICY EXHIBIT</b>					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**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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		XXX		XXX	250,375
3. Deposit-type contract funds .....						
4. Other considerations .....						
5. Totals (Sum of Lines 1 to 4) .....	346,917			1,733		348,650
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
Annuites:						
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) .....	38,429					38,429
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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-cancellable (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 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

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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)
Annuites:						
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)
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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)	(a)		2	(285,703)			(338)	(48,623,404)
23. In force December 31 of current year .....	821	110,994,112				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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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) .....	2,369	2,369		3,568	(11)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					75,840

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

11 and number of persons



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

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0140

DURING THE YEAR 2011

NAIC Company Code 66869

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 products ..... 122,436 and number of persons insured under indemnity only products ..... 39,325 .

**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**

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 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	103,752,888
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

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

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

Line Number	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)
LONG-TERM BONDS												
1.	1	Exempt Obligations	552,233,050	XXX	XXX	552,233,050	0.0000		0.0000		0.0000	
2.		Highest Quality	12,329,337,320	XXX	XXX	12,329,337,320	0.0004	4,931,735	0.0023	28,357,476	0.0030	
3.		High Quality	7,919,647,864	XXX	XXX	7,919,647,864	0.0019	15,047,331	0.0058	45,933,958	0.0090	
4.		Medium Quality	1,065,754,914	XXX	XXX	1,065,754,914	0.0093	9,911,521	0.0230	24,512,363	0.0340	
5.		Low Quality	621,213,140	XXX	XXX	621,213,140	0.0213	13,231,840	0.0530	32,924,296	0.0750	
6.		Lower Quality	179,166,955	XXX	XXX	179,166,955	0.0432	7,740,012	0.1100	19,708,365	0.1700	
7.		In or Near Default	22,361,716	XXX	XXX	22,361,716	0.0000		0.2000	4,472,343	0.2000	
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	
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
12.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15.		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.	1	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
20.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24.		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	

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

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

Line Number	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)
26. 27. 28. 29. 30. 31. 32. 33. 34.	1 2 3 4 5 6	DERIVATIVE INSTRUMENTS	182,911,990	XXX	XXX	182,911,990	0.0004	73,165	0.0023	420,698	0.0030	548,736
		Exchange Traded	182,911,990	XXX	XXX	182,911,990	0.0004	73,165	0.0023	420,698	0.0030	548,736
		Highest Quality	216,237,659	XXX	XXX	216,237,659	0.0004	86,495	0.0023	497,347	0.0030	648,713
		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
		Total Derivative Instruments	399,149,649	XXX	XXX	399,149,649	XXX	159,660	XXX	918,044	XXX	1,197,449
		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
31		MORTGAGE LOANS										
		In Good Standing:										
		Farm Mortgages		XXX			0.0032 (a)		0.0060 (a)		0.0095 (a)	
		Residential Mortgages - Insured or Guaranteed		XXX			0.0003		0.0006		0.0010	
		Residential Mortgages - All Other		XXX			0.0013		0.0030		0.0040	
		Commercial Mortgages - Insured or Guaranteed		XXX			0.0003		0.0006		0.0010	
		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
		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:										
		Farm Mortgages		XXX			0.0420		0.0760		0.1200	
		Residential Mortgages - Insured or Guaranteed		XXX			0.0005		0.0012		0.0020	
		Residential Mortgages - All Other		XXX			0.0025		0.0058		0.0090	
		Commercial Mortgages - Insured or Guaranteed		XXX			0.0005		0.0012		0.0020	
		Commercial Mortgages - All Other		XXX			0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
		Farm Mortgages		XXX			0.0000		0.1700		0.1700	
		Residential Mortgages - Insured or Guaranteed		XXX			0.0000		0.0040		0.0040	
		Residential Mortgages - All Other		XXX			0.0000		0.0130		0.0130	
		Commercial Mortgages - Insured or Guaranteed		XXX			0.0000		0.0040		0.0040	
		Commercial Mortgages - All Other		XXX			0.0000		0.1700		0.1700	
		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	5,122,186,499	XXX		5,122,186,499	(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.

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

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

Line Number	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)
1.		COMMON STOCK										
		Unaffiliated - Public .....	821,577	XXX	XXX	821,577	0.0000		0.2000 (d)	164,315	0.2000 (d)	164,315
		Unaffiliated - Private .....	4,522,611	XXX	XXX	4,522,611	0.0000		0.1600	723,618	0.1600	723,618
		Federal Home Loan Bank .....		XXX	XXX		0.0000		0.0050		0.0080	
		Affiliated - Life with AVR .....	302,454,585	XXX	XXX	302,454,585	0.0000		0.0000		0.0000	
		Affiliated - Investment Subsidiary:										
		Fixed Income - Exempt Obligations .....					XXX		XXX		XXX	
		Fixed Income - Highest Quality .....					XXX		XXX		XXX	
		Fixed Income - High Quality .....					XXX		XXX		XXX	
		Fixed Income - Medium Quality .....					XXX		XXX		XXX	
		Fixed Income - Low Quality .....					XXX		XXX		XXX	
		Fixed Income - Lower Quality .....					XXX		XXX		XXX	
		Fixed Income - In/Near Default .....					XXX		XXX		XXX	
		Unaffiliated Common Stock - Public .....					0.0000		0.2000 (d)		0.2000 (d)	
		Unaffiliated Common Stock - Private .....					0.0000		0.1600		0.1600	
		Mortgage Loans .....					(c)		(c)		(c)	
		Real Estate .....					(e)		(e)		(e)	
		Affiliated - Certain Other (See SVO Purposes and Procedures Manual) .....		XXX	XXX		0.0000		0.1300		0.1300	
		Affiliated - All Other .....	1,324,543	XXX	XXX	1,324,543	0.0000		0.1600	211,927	0.1600	211,927
		Total Common Stock (Sum of Lines 1 through 17)	309,123,316			309,123,316	XXX		XXX	1,099,860	XXX	1,099,860
19.		REAL ESTATE										
		Home Office Property (General Account only) .....					0.0000		0.0750		0.0750	
		Investment Properties .....					0.0000		0.0750		0.0750	
		Properties Acquired in Satisfaction of Debt .....					0.0000		0.1100		0.1100	
		Total Real Estate (Sum of Lines 19 through 21)					XXX		XXX		XXX	
23.	1	OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
		Exempt Obligations .....		XXX	XXX		0.0000		0.0000		0.0000	
		Highest Quality .....		XXX	XXX		0.0004		0.0023		0.0030	
		High Quality .....		XXX	XXX		0.0019		0.0058		0.0090	
		Medium Quality .....		XXX	XXX		0.0093		0.0230		0.0340	
		Low Quality .....		XXX	XXX		0.0213		0.0530		0.0750	
		Lower Quality .....		XXX	XXX		0.0432		0.1100		0.1700	
		In or Near Default .....		XXX	XXX		0.0000		0.2000		0.2000	
		Total with Bond Characteristics (Sum of Lines 23 through 29)		XXX	XXX		XXX		XXX		XXX	

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

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

Line Number	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.	33	In Good Standing:										
40.		Farm Mortgages .....			XXX .....		0.0032 (a)		0.0060 (a)		0.0095 (a)	
41.		Residential Mortgages - Insured or Guaranteed .....			XXX .....		0.0003		0.0006		0.0010	
42.		Residential Mortgages - All Other .....		XXX .....	XXX .....		0.0013		0.0030		0.0040	
43.		Commercial Mortgages - Insured or Guaranteed .....			XXX .....		0.0003		0.0006		0.0010	
44.		Commercial Mortgages - All Other .....			XXX .....		0.0032 (a)		0.0060 (a)		0.0095 (a)	
45.		In Good Standing With Restructured Terms .....			XXX .....		0.0180 (b)		0.0400 (b)		0.0640 (b)	
		Overdue, Not in Process:										
46.		Farm Mortgages .....			XXX .....		0.0420		0.0760		0.1200	
47.		Residential Mortgages - Insured or Guaranteed .....			XXX .....		0.0005		0.0012		0.0020	
48.		Residential Mortgages - All Other .....			XXX .....		0.0025		0.0058		0.0090	
49.		Commercial Mortgages - Insured or Guaranteed .....			XXX .....		0.0005		0.0012		0.0020	
50.		Commercial Mortgages - All Other .....			XXX .....		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
51.		Farm Mortgages .....			XXX .....		0.0000		0.1700		0.1700	
52.		Residential Mortgages - Insured or Guaranteed .....			XXX .....		0.0000		0.0040		0.0040	
53.		Residential Mortgages - All Other .....			XXX .....		0.0000		0.0130		0.0130	
54.		Commercial Mortgages - Insured or Guaranteed .....			XXX .....		0.0000		0.0040		0.0040	
55.		Commercial Mortgages - All Other .....			XXX .....		0.0000		0.1700		0.1700	
		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)			XXX .....		XXX		XXX		XXX	

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

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

Line Number	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)
56.		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
62.		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
66.		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
71.		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.

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

## ASSET VALUATION RESERVE (Continued)

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

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
34540@AB0	R	073879-JL-3	Floating rate note tied to Ford Motor Company Credit through a credit default swap	3	3,000,000	(19,161)	(58,492)	(90,763)
31358*AF0	R	31396X-AT-1	Fixed rate note tied to Time Warner through a credit default swap	2	10,084,758	(27,900)	(69,000)	(102,000)
0199999 Subtotal Default Component - Other Than Mortgage					13,084,758	(47,061)	(127,492)	(192,763)
0599999 - Total					13,084,758	(47,061)	(127,492)	(192,763)

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

**SCHEDULE F**

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and  
all claims for death losses and all other contract claims resisted December 31 of current year

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
L034474700		VA	2006	1,000,000			Dismissed
0199999. Death Claims - Ordinary				1,000,000			XXX
0599999. Death Claims - Disposed Of				1,000,000			XXX
1099999. Additional Accidental Death Benefits Claims - Disposed Of							XXX
1599999. Disability Benefits Claims - Disposed Of							XXX
2099999. Matured Endowments Claims - Disposed Of							XXX
2599999. Annuities with Life Contingency Claims - Disposed Of							XXX
2699999. Claims Disposed of During Current Year				1,000,000			XXX
L034804300		MI	2010	500,000		500,000	Beneficiary is suspect in homicide
N991107760		TN	2008	100,000		100,000	Falsification on reinstatement
2799999. Death Claims - Ordinary				600,000		600,000	XXX
3199999. Death Claims - Resisted				600,000		600,000	XXX
3699999. Additional Accidental Death Benefits Claims - Resisted							XXX
4199999. Disability Benefits Claims - Resisted							XXX
4699999. Matured Endowments Claims - Resisted							XXX
5199999. Annuities with Life Contingencies Claims - Resisted							XXX
5299999. Claims Resisted During Current Year				600,000		600,000	XXX
5399999 - Totals				1,600,000		600,000	XXX

## 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									
	1 Amount	2 %							11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %		
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1. Premiums written .....	916,345	XXX	801,372	XXX	XXX	XXX	XXX	50,007	XXX	57,385	XXX	7,581	XXX	XXX	XXX	XXX	XXX	XXX
2. Premiums earned .....	789,524	XXX	604,277	XXX	XXX	XXX	XXX	50,007	XXX	60,173	XXX	75,067	XXX	XXX	XXX	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																
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)
<b>DETAILS OF WRITE-INS</b>																		
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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
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	
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
<b>A. Direct:</b>				
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>B. Assumed Reinsurance:</b>				
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
<b>C. Ceded Reinsurance:</b>				
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
<b>D. Net:</b>				
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
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
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									98,871,755	
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	

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

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance 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 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999. Total - Affiliates											
70335	.94-0971150	01/01/1986	West Coast Life Ins. Co.	California	OTH/G.	42					
42552	..16-1140177	12/01/2008	Nova Casualty Company	NY	OTH/G.	50,370			174,489		
0499999. U.S. Non-Affiliates											
0699999. Total - Non-Affiliates											
0799999. Total U.S. (Sum of 0199999 and 0499999)											
0899999. Total Non-U.S. (Sum of 0299999 and 0599999)											
0999999 - Totals											
						50,412			174,489		

## 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
<b>0399999. Total Life and Annuity - Affiliates</b>						
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
<b>0499999. Life and Annuity - U.S. Non-Affiliates</b>						
00000	.AA-3190878	07/01/2002	Wilton Reins Bermuda .....	BM.....		77,074
<b>0599999. Life and Annuity - Non-U.S. Non-Affiliates</b>						
<b>0699999. Total Life and Annuity - Non-Affiliates</b>						
<b>0799999. Total Life and Annuity</b>						
<b>1099999. Total Accident and Health - Affiliates</b>						
22667	.95-2371728	08/01/2003	ACE American Insurance Company .....	PA.....		18,428
19801	.94-1390273	07/01/2009	Argonaut Insurance 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
<b>1199999. Accident and Health - U.S. Non-Affiliates</b>						
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
<b>1299999. Accident and Health - Non-U.S. Non-Affiliates</b>						
<b>1399999. Total Accident and Health - Non-Affiliates</b>						
<b>1499999. Total Accident and Health</b>						
<b>1599999. Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)</b>						
<b>1699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)</b>						
<b>1799999 Totals - Life, Annuity and Accident and Health</b>						

## 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 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
039999. 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				
68258	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				
65838	01-0233346	05/01/1997	John Hancock Life Insurance Co. (U.S.A.)	MI	OTH/I	531,865,161	1,577,733	853,597	421,565				
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	Scot 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				
.86875	48-0409770	07/01/2000	Security Benefits Life Insurance Company	KS	ACO/I		46,513,024	51,469,718	.23,635				
.68713	84-0499703	01/27/1996	Security Life of Denver Ins. Co.	CO	YRT/G	79,549,612	77,413,691	11,837,504					
.68713	84-0499703	01/27/1996	Security Life of Denver Ins. Co.	CO	YRT/I	.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	CO/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.	CT	YRT/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	ADB/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	CO/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				
.62596	31-0252460	01/01/1986	Union Fidelity Life Compay	IL	OTH/I	.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 Current Year	9 Prior Year		11 Current Year	12 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													
			Security Benefit										
68675 .....	48-0409770 .....	07/01/2000 .....	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 Current Year	11 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

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

**SCHEDULE S - PART 4**

## Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols. 9+13+14+15 +16 but not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
0399999. Total General Account - Life and Annuity Affiliates									XXX	XXX	XXX					
...00000. AA-3190878 07/01/2002 Wilton Reinsurance Bermuda LTD.	958,332	77,074	283,856	1,319,262	900,000	111025013	1.....	Wachovia Bank								900,000
79782. 86-0262046 02/23/1972 Electric Cooperative Life Ins Co.	350,664	869	5,000	356,533												356,533
0499999. General Account - Life and Annuity U.S. Non-Affiliates	1,308,996	77,943	288,856	1,675,795	900,000	XXX	XXX	XXX				1,786,171				1,256,533
0699999. Total General Account - Life and Annuity Non-Affiliates	1,308,996	77,943	288,856	1,675,795	900,000	XXX	XXX	XXX				1,786,171				1,256,533
0799999. Total General Account Life and Annuity	1,308,996	77,943	288,856	1,675,795	900,000	XXX	XXX	XXX				1,786,171				1,256,533
1099999. Total General Account - Accident and Health Affiliates									XXX	XXX	XXX					
1399999. Total General Account - Accident and Health Non-Affiliates									XXX	XXX	XXX					
1499999. Total General Account Accident and Health									XXX	XXX	XXX					
1599999. Total General Account	1,308,996	77,943	288,856	1,675,795	900,000	XXX	XXX	XXX				1,786,171				1,256,533
1899999. Total Separate Accounts - Affiliates									XXX	XXX	XXX					
2199999. Total Separate Accounts - Non-Affiliates									XXX	XXX	XXX					
2299999. Total Separate Accounts									XXX	XXX	XXX					
2399999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999)	1,308,996	77,943	288,856	1,675,795	900,000	XXX	XXX	XXX				1,786,171				1,256,533
2499999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)									XXX	XXX	XXX					
2599999 - Total	1,308,996	77,943	288,856	1,675,795	900,000	XXX	XXX	XXX				1,786,171				1,256,533

(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
<b>A. OPERATIONS ITEMS</b>					
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>B. BALANCE SHEET ITEMS</b>					
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)					

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

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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		

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

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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 Per-centage	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 ..		
..0140	Nationwide		26-2451988				1492 Capital, LLC	OH	NIA	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		31-1580283				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		31-1486309				425 West Nationwide Boulevard, LLC	OH	NIA	NWD Investments, LLC ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		20-4939866				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 ..		
..0140	Nationwide		52-2227314				AGMC Reinsurance, Ltd. ..	Turk/Caic	JA	AMCO Insurance Company ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		42-1011300				ALLIED General Agency Company ..	JA	JA	Nationwide Mutual Insurance Company	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		42-0958655				ALLIED Group, Inc. ..	JA	NIA		Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		10127	27-0114983			ALLIED Insurance Company of America (fka Atlantic Floridian Insurance Company) ..	OH	JA	Nationwide Mutual Insurance Company					
..0140	Nationwide		45279	42-1201931			ALLIED Property and Casualty Insurance Company ..	IA	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 ..	IA	JA	ALLIED Group, Inc. ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						American Marine Underwriters, Inc. ..	FL	JA		Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Arena District CA I, LLC	OH	NIA	NWD Investments, LLC ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Arena District Owners Association ..	OH	OTH	Other non-Nationwide .....	n/a	0.000	Other non-Nationwide .....		
..0140	Nationwide						Arena Theatres, LLC ..	OH	NIA	NWD Investments, LLC ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Artesia at Quarry Village, LLC ..	TX	OTH	Other non-Nationwide .....	n/a	0.000	Other non-Nationwide .....		
..0140	Nationwide						Atkins Circle I, LLC ..	OH	NIA	NRI Communities, Ltd. ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Atkins Circle II, LLC ..	OH	NIA	NRI Communities, Ltd. ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						BCCS Investment Fund LLC ..	DE	OTH		Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Beckett Ridge Communities, LLC ..	OH	NIA	NRI Communities, Ltd. ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Boulevard Inn Limited Liability Company ..	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership.....	0.948	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Broad Street Retail, LLC ..	DE	NIA	Nationwide Realty Investors, Ltd. ..	Ownership.....	0.600	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Brooke School Investment Fund, LLC ..	DE	OTH		Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						CHP New Market Investment Fund, LLC ..	OH	OTH		Limited partner /no control .....	0.500	other non-Nationwide .....		
..0140	Nationwide						CNRI-Cannonsport Condominium, LLC ..	OH	NIA	CNRI-Cannonsport, LLC ..	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						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 Percent-age	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		Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		31-1486309				Creweville, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide	42587	42-1207150				Depositors Insurance Company	IA	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	IA	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 Mutual Insurance Company	Ownership	0.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		31-4187660				Gates McDonald of Ohio, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	0.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		13-4933584				Gates, McDonald & Company of New York, Inc.	NY	NIA	Nationwide Better Health Holding Company, LLC	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		76-0810957				GatesMcDonald DAO, 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		56-3789189				Leaguers Investment Fund LLC	DE	OTH	Nationwide Mutual Insurance Company	Other	0.000	Nationwide Mutual Insurance Company		
..0140	Nationwide						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 ..	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.	Nationwide Mutual Insurance Company	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. ....	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		11991	38-0865250			National Casualty Company ..	.WI.	.JA.	Nationwide Mutual Insurance Company	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						National Casualty Company of America, Ltd.	.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						Nationwide Alternative Investments, LLC ..	.OH.	.NIA.	Nationwide Mutual Insurance Company	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Nationwide Arena, LLC ..	.OH.	.NIA.	Nationwide Mutual Insurance Company	Ownership.....	0.900	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Nationwide Asset Management, LLC ..	.OH.	.NIA.	Nationwide Mutual Insurance Company	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Nationwide Asset Management, LLC ..	.OH.	.NIA.	Nationwide Mutual Insurance Company	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Nationwide Assurance Company ..	.WI.	.JA.	Nationwide Financial Services, Inc.	Ownership.....	1.000	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1592130	2729677			Nationwide Bank ..	.FED	.OTH.	Nationwide Better Health Holding Company, LLC ..	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 ..	.OH.	.NIA.	Nationwide Life Insurance Company ..	Ownership.....	0.667	Nationwide Mutual Insurance Company ..		
..0140	Nationwide						Nationwide Community Development Corporation, LLC ..	.OH.	.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**

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 Percent-age	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		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	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 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 Private Equity Fund, LLC .....	OH	NIA	Nationwide Mutual Insurance Company ..	Ownership .....	1.000	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**

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 Percent-age	Ultimate Controlling Entity(ies)/Person(s)	*
..0140	Nationwide .....	37877	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 .....	Ownership.....	1.000	Nationwide Mutual Insurance Company .....	
..0140	Nationwide .....		31-1486309				Nationwide Realty Investors, Ltd. ....	OH	NIA	Nationwide Mutual Insurance Company	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. ....	Ownership.....	1.000	Nationwide Mutual Insurance Company .....	
							Nationwide Realty Services, Ltd. ....	OH	NIA	Nationwide Mutual Insurance Company	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. ....	IA	NIA	ALLIED Group, Inc. ....	Ownership.....	1.000	Nationwide Mutual Insurance Company .....	
..0140	Nationwide .....		36-2434406				Nationwide Securities, LLC .....	OH	NIA	NFS Distributors, Inc. ....	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. ....	Ownership.....	0.190	Nationwide Mutual Insurance Company .....	
..0140	Nationwide .....						Newhouse Capital Partners, LLC .....	DE	NIA	Nationwide Mutual Insurance Company	Ownership.....	0.700	Nationwide Mutual Insurance Company .....	
..0140	Nationwide .....						Newhouse Capital Partners, LLC .....	DE	NIA	Nationwide Mutual Fire Insurance Company .....	Ownership.....	0.100	Nationwide Mutual Insurance Company .....	
..0140	Nationwide .....		31-1630871				NFS Distributors, Inc. ....	DE	NIA	Nationwide Financial Services, Inc. ....	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 .....	.....	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**

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				NRI 12325 Copper Way, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI 220 Schrock, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Arena, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Brookside, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Builders, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Communities, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Communities/Charlotte, LLC	OH	NIA	NRI Communities, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Communities/Harris Blvd., LLC	OH	NIA	NRI Communities, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Cramer Creek, LLC	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership	1.00	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		30-4939866				NRI Equity Tampa, LLC	OH	OTH	Nationwide Realty Investors, Ltd. ..	Ownership	0.500	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Office Ventures, Ltd	OH	NIA	Nationwide Realty Investors, Ltd. ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1486309				NRI Telecom, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
							NTCIF-2011 Georgia State Investor, LLC			Nationwide Property and Casualty Company					
..0140	Nationwide		45-3123274				NTCIF-2011, LLC	OH	NIA	Nationwide Life Insurance Company ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		90-0729552				NTCP 2011-A, LLC	OH	NIA	Nationwide Life Insurance Company ..	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		27-4700627				NW-111 Congressional, LLC	OH	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		45-2648254				NW-2100 Latham, LLC	DE	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		27-2076516				NW-Arbor Blvd., LLC	OH	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		27-1572329				NW-Arvada, LLC	OH	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		36-4702264				NW-Cameron, LLC	OH	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		45-2724980				NW-Center Park, LLC	OH	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		27-4750067							Nationwide Mutual Insurance Company					
							NW-CNC Coppel, LLC	DE	NIA		Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		26-0901660				NW-Collection, LLC	DE	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		27-4431267				NW-Commerce Center, LLC	DE	NIA	NW REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		27-2764819				NW-Coral Cove, LLC	OH	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		27-4576656				NW-Corvallis, LLC	OH	NIA	NW-REI, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 205 Vine, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 225 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 230 West, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 265 Neil, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 275 Marconi, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 295 McConnell, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 300 Neil, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 300 Spring, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 355 McConnell, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 401 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 425 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD 500 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD Arena Crossing, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD Arena District I, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD Arena District II, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD Arena District MM, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD Arena District PW, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD Arena District V, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		04-3679396				NWD Asset Management Holdings, Inc.	DE	NIA	Nationwide SA Capital Trust	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1580283				NWD Athletic Club, LLC	OH	NIA	NWD Investments, LLC	Ownership	1.00	Nationwide Mutual Insurance Company ..		
..0140	Nationwide		31-1636299				NWD Investment Management, Inc.	DE	NIA	NWD Management & Research Trust	Ownership	1.00	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				NW 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		26-2352827				NW-Southline, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		27-4749587				NW-State Street, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		27-4387563				NW-Taylor Farmer Jack, LLC	OH	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		27-1921199				NW-University, LLC	DE	NIA	NW-REI, LLC	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		31-0947092				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		26-0263012				Ohio Center Hotel Company, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	0.532	Nationwide Mutual Insurance Company		
..0140	Nationwide	13999	27-1712056				Old Track Street Owners Association	OH	OTH	Other non-Nationwide	n/a	0.000	Other non-Nationwide		
							Oalentangy Reinsurance, LLC	VT	JA	Nationwide Life and Annuity Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide						OYS Fund, LLC	DE	OTH	Nationwide Mutual Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide						Park 288 Industrial, LLC	TX	OTH	Nationwide Mutual Insurance Company	Investor member / no control	0.950	other non-Nationwide		
..0140	Nationwide		39-1805904				Pension Associates, Inc.	WI	NIA	Nationwide Financial Services, Inc.	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.	JA	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						Pure Insurance Company	FL	JA	Other non-Nationwide	n/a	0.000	Other non-Nationwide		
..4664	Pure	13204	26-3109178				Pure Risk Management, LLC	FL	JA	Other non-Nationwide	n/a	0.000	Other non-Nationwide		
							Registered Investment Advisors Services, Inc.	TX	NIA	Nationwide Financial Services, Inc.	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		75-2938844				Retention Alternatives, Ltd.	Bermuda	JA	Nationwide Mutual Fire Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		82-0549218				Riverview International Group, Inc.	DE	NIA	NW Management & Research Trust	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	Nationwide		22-3655264				Riverview Multi Series Fund, LL - Class Event	DE	OTH	Nationwide Mutual Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company		
..0140	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 Percent-age	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 .....	IN	JA		Victoria Fire & Casualty 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 & Casualty Insurance Company .....	Ownership.....	1.000	Nationwide Mutual Insurance Company .....	
..0140	Nationwide .....		10105	34-1777972		Victoria Select Insurance Company .....	OH	JA		Victoria Fire & Casualty Insurance Company .....	Ownership.....	1.000	Nationwide Mutual Insurance Company .....	
..0140	Nationwide .....		10777	34-1842602		Victoria Specialty Insurance Company .....	OH	JA		Victoria Fire & Casualty 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 .....	Nationwide Defined Benefit Master Trust	1.000	Investor member / no control .....	
..0140	Nationwide .....		74-2767942			Whitehall Holdings, Inc. ....	TX	NIA		THI Holdings (Delaware), Inc. ....	Ownership.....	1.000	other non-Nationwide .....	
..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 .....	Investor 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 entities 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 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 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 INSURANCE 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)			(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	(15,000,000)	654				15,000,654	
13242	74-2286759	TITAN INDEMNITY INSURANCE COMPANY					23,701	13,339,172			(1,637,127)	147,957,973

## 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 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 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
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? ..... YES

**AUGUST FILING****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

**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**

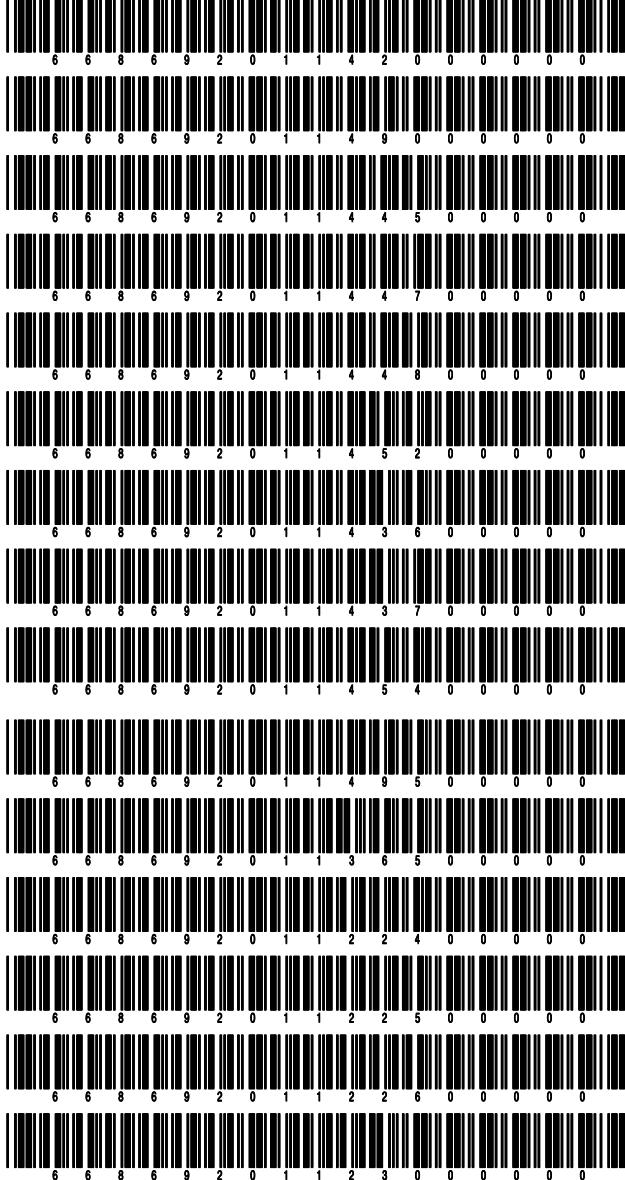
48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....	YES
--	-------	-----

## 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]  
  
 14. Trusteed Surplus Statement [Document Identifier 490]  
  
 20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]  
  
 22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]  
  
 23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]  
  
 27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]  
  
 29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]  
  
 30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]  
  
 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]  
  
 34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]  
  
 36. Medicare Part D Coverage Supplement [Document Identifier 365]  
  
 37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]  
  
 38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]  
  
 39. Relief from the Requirements for Audit Committees [Document Identifier 226]  
  
 42. Credit Insurance Experience Exhibit [Document Identifier 230]



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 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 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 Current Year	2 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 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 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 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
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	12		13	14	15	16	
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	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives
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			14	Policies Issued in 2009; 2010; 2011			
										11	Incurred Claims			15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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																	

**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. 1395s(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
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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	12		13	14	15	16	
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	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims	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																	

**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. 1395s(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
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		Premiums Earned	Amount	Number of Covered Lives
YES	1524	P	NO	0034000	12/16/1982	05/10/2001	12/01/1991	Medicare Supplement	177,423	223,470	.126.0	105					
YES	2121FL	A	NO	0034000	03/12/1992	12/03/2002	05/10/2001	Medicare Supplement	18,105	6,826	.37.7	13					
YES	2122FL	B	NO	0034000	03/12/1992	12/03/2002	05/10/2001	Medicare Supplement	180,682	143,686	.79.5	.97					
YES	2123FL	F	NO	0034000	03/12/1992	12/03/2002	05/10/2001	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	12		13	14	15	16		18
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	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	
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				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
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	12		13	14	15	16	
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	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives
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			14	Policies Issued in 2009; 2010; 2011		
										11	12	13		15	16	17
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims Amount	Percent of Premiums Earned	Number of Covered Lives	Incurred Claims Amount	Percent of Premiums Earned	Number of Covered Lives
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	12		13	14	15	16	
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	
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	12	13	Percent of Premiums Earned	Number of Covered Lives	16	17	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																		

**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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										11	12		13	14	15	16	
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	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives
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			14	Policies Issued in 2009; 2010; 2011		
										11	12	13		15	16	17
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives
YES	1522	P	NO	0034000	09/13/1982	04/24/2001	12/01/1991	04/24/2001	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	I	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**

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address:
  - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address:
  - Contact Person and Phone Number:
- 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	12		13	14	15	16	
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	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives
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			14	Policies Issued in 2009; 2010; 2011			
										11	Incurred Claims			15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	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. 1395s(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	12		13	14	15	16	
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	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives
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	12		13	14	15	16		17
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	
YES	1522	P	NO	0034000	10/06/1982	04/24/2001	04/01/1992	04/24/2001	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
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		Premiums Earned	Amount	Number of Covered Lives
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". \_\_\_\_\_



**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				
										11	Incurred Claims		14	15	Incurred Claims		18
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	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			14	Policies Issued in 2009; 2010; 2011		
										11	12	13		15	16	17
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives	Incurred Claims	Percent of Premiums Earned	Number of Covered Lives
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
											Premiums Earned	Amount	Percent of Premiums Earned		Premiums Earned	Amount	
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								
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					
2. 2007					
3. 2008	XXX				
4. 2009	XX	XX			
5. 2010	XXX	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX	

**Section D -**

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XX	XX			
5. 2010	XXX	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX	

**Section E -**

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XX	XX			
5. 2010	XXX	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX	

**Section F -**

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XX	XX			
5. 2010	XXX	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX	

**Section G -**

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XX	XX			
5. 2010	XXX	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX	

(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				
4. 2010 .....	XX	XX	XXX		
5. 2011 .....	XXX	XXX	XXX	XXX	

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

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

## SUPPLEMENT FOR THE YEAR 2011 OF THE NATIONWIDE LIFE INSURANCE COMPANY

**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 .....	XXX	XXX	XXX	XXX	XXX
2. 2008 .....	XXX	XXX	XXX	XXX	XXX
3. 2009 .....	XXX	XXX	XXX	XXX	XXX
4. 2010 .....	XXX	XXX	XXX	XXX	XXX
5. 2011 .....	XXX	XXX	XXX	XXX	XXX

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

1. 2007 .....	XXX	XXX	XXX	XXX	XXX
2. 2008 .....	XXX	XXX	XXX	XXX	XXX
3. 2009 .....	XXX	XXX	XXX	XXX	XXX
4. 2010 .....	XXX	XXX	XXX	XXX	XXX
5. 2011 .....	XXX	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 .....	Other .....	45,533
2. Ordinary Life .....	Other .....	4,867
3. Individual Annuity .....	Other .....	316
4. Supplementary Contracts .....	Standard Factor & Development .....	35,945
5. Credit Life .....	Other .....	1,507
6. Group Life .....	Other .....	88,168
7. Group Annuities .....	Standard Factor & Development .....	
8. Group Accident and Health .....	Standard Factor & Development .....	
9. Credit Accident and Health .....	Standard Factor & Development .....	
10. Other Accident and Health .....	Standard Factor & Development .....	
11. Total .....	Standard Factor & Development .....	

## ALPHABETICAL INDEX

### **ANNUAL STATEMENT BLANK**

Analysis of Increase in Reserves During The Year	7
Analysis of Operations By Lines of Business	6
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity	32
Asset Valuation Reserve Replications (Synthetic) Assets	35
Asset Valuation Reserve	29
Assets	2
Cash Flow	5
Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 - General Expenses	11
Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 - Dividends or Refunds	11
Exhibit 5 - Aggregate Reserve for Life Contracts	12
Exhibit 5 - Interrogatories	13
Exhibit 5A - Changes in Bases of Valuation During The Year	13
Exhibit 6 - Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 - Deposit-Type Contracts	15
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1	16
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2	17
Exhibit of Capital Gains (Losses)	8
Exhibit of Life Insurance	25
Exhibit of Net Investment Income	8
Exhibit of Nonadmitted Assets	18
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27
Five-Year Historical Data	22
Form for Calculating the Interest Maintenance Reserve (IMR)	28
General Interrogatories	20
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Life Insurance (State Page)	24
Notes To Financial Statements	19
Overflow Page For Write-ins	54
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10

**ANNUAL STATEMENT BLANK (Continued)**

Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D .....	E22
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E23
Schedule DL - Part 2 .....	E24
Schedule E - Part 1 - Cash .....	E25
Schedule E - Part 2 - Cash Equivalents .....	E26
Schedule E - Part 3 - Special Deposits .....	E27
Schedule E - Verification Between Years .....	SI15
Schedule F .....	36
Schedule H - Accident and Health Exhibit - Part 1 .....	37
Schedule H - Part 2, Part 3 and Part 4 .....	38
Schedule H - Part 5 - Health Claims .....	39
Schedule S - Part 1 - Section 1 .....	40
Schedule S - Part 1 - Section 2 .....	41
Schedule S - Part 2 .....	42
Schedule S - Part 3 - Section 1 .....	43
Schedule S - Part 3 - Section 2 .....	44
Schedule S - Part 4 .....	45
Schedule S - Part 5 .....	46
Schedule S - Part 6 .....	47
Schedule T - Part 2 Interstate Compact .....	49
Schedule T - Premiums and Annuity Considerations .....	48
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	50
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	51
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	52
Summary Investment Schedule .....	SI01
Summary of Operations .....	4
Supplemental Exhibits and Schedules Interrogatories .....	53