



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2012
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., Columbus, OH, US 43215-2220

Main Administrative Office One West Nationwide Blvd., Columbus, OH, US 43215-2220

Mail Address One West Nationwide Blvd., 1-04-701 Columbus, OH, US 43215-2220

Primary Location of Books and Records One West Nationwide Blvd., 1-04-701 Columbus, OH, US 43215-2220

Internet Website Address www.nationwide.com

Statutory Statement Contact Ronald S. Porter, statacct@nationwide.com, 614-249-1545

OFFICERS

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

OTHER

- List of other officers including Anne Louise Arvia, James David Benson, Wesley Kim Austen, David Alan Bano, etc.

DIRECTORS OR TRUSTEES

Timothy Gerard Frommeyer, Eric Shawn Henderson, Stephen Scott Rasmussen, Mark Raymond Thresher, Kirt Alan Walker

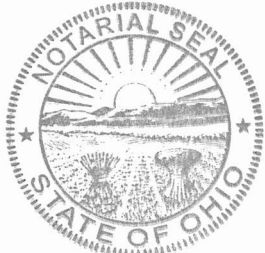
State of Ohio, County of Franklin SS:

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.

Signatures of Kirt Alan Walker, Robert William Horner, III, and David Patrick LaPaul with their respective titles.

Subscribed and sworn to before me this 28 day of JANUARY, 2013 by Jeffrey W. Cloud

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



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



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,005,519		58,976		5,064,495
2. Annuity considerations	4,580,922				4,580,922
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	29,728,173		57,797,567		87,525,740
5. Totals (Sum of Lines 1 to 4)	39,314,614		57,856,543		97,171,157
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	163,950		24		163,974
6.2 Applied to pay renewal premiums	79,092				79,092
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	285,217				285,217
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	528,259		24		528,282
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)	528,259		24		528,282
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,840,153		314,309		5,154,462
10. Matured endowments	10,072				10,072
11. Annuity benefits	49,322,149		64,748,601		114,070,750
12. Surrender values and withdrawals for life contracts	4,981,925		5,770		4,987,695
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	96,770				96,770
15. Totals	59,251,067		65,068,680		124,319,747
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	135,494							10	135,494
17. Incurred during current year	107	4,845,083			12	125,309			119	4,970,392
Settled during current year:										
18.1 By payment in full	104	4,847,813			8	114,274			112	4,962,087
18.2 By payment on compromised claims										
18.3 Totals paid	104	4,847,813			8	114,274			112	4,962,087
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	104	4,847,813			8	114,274			112	4,962,087
19. Unpaid Dec. 31, current year (16+17-18.6)	13	132,763			4	11,035			17	143,798
POLICY EXHIBIT										
20. In force December 31, prior year	8,158	1,071,048,982	(a)		No. of Policies 2	27,272,671			8,160	1,098,321,653
21. Issued during year	22	11,005,659							22	11,005,659
22. Other changes to in force (Net)	(433)	(63,951,745)				(262,520)			(433)	(64,214,264)
23. In force December 31 of current year	7,747	1,018,102,896	(a)		2	27,010,151			7,749	1,045,113,048

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	620,333	712,520		135,651	187,751
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	60,265	60,265		(2,120)	(2,120)
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)	60,265	60,265		(2,120)	(2,120)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	680,598	772,785		133,531	185,631

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products15 and number of persons insured under indemnity only products493 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,573,422		1,288,151		3,861,573
2. Annuity considerations	151,815				151,815
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	4,985,897		1,266,208		6,252,104
5. Totals (Sum of Lines 1 to 4)	7,711,134		2,554,358		10,265,492
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	10,048				10,048
6.2 Applied to pay renewal premiums	13,188				13,188
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	14,103				14,103
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	37,339				37,339
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	37,339				37,339
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	17,000		2,500		19,500
10. Matured endowments					
11. Annuity benefits	3,373,130		3,050,289		6,423,419
12. Surrender values and withdrawals for life contracts	94,815				94,815
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	4				4
15. Totals	3,484,949		3,052,789		6,537,738
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	2,243							2	2,243
17. Incurred during current year	5	17,000							5	17,000
Settled during current year:										
18.1 By payment in full	4	15,000							4	15,000
18.2 By payment on compromised claims										
18.3 Totals paid	4	15,000							4	15,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	15,000							4	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)	3	4,243							3	4,243
POLICY EXHIBIT										
20. In force December 31, prior year	469	105,792,833	(a)		No. of Policies	472,637			469	106,265,469
21. Issued during year										
22. Other changes to in force (Net)	(23)	2,388,314				(99,999)			(23)	2,288,315
23. In force December 31 of current year	446	108,181,146	(a)			372,638			446	108,553,784

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	702,082	703,010		668,253	670,753
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	702,082	703,010		668,253	670,753

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products11 and number of persons
 insured under indemnity only products20 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	15,415,535		7,909,132		23,324,667
2. Annuity considerations	9,880,160		47,848		9,928,007
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	92,017,632		147,203,209		239,220,841
5. Totals (Sum of Lines 1 to 4)	117,313,327		155,160,189		272,473,515
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	179,515				179,515
6.2 Applied to pay renewal premiums	168,752				168,752
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	271,652				271,652
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	619,919				619,919
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)	619,919				619,919
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,239,274		585,846		3,825,120
10. Matured endowments	17,209				17,209
11. Annuity benefits	99,514,255		141,161,524		240,675,780
12. Surrender values and withdrawals for life contracts	7,177,742		6,199,722		13,377,465
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	40,343				40,343
15. Totals	109,988,824		147,947,092		257,935,916
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	194,236			2	1,078			11	195,314
17. Incurred during current year	90	3,232,380			7	30,238			97	3,262,618
Settled during current year:										
18.1 By payment in full	78	2,867,137			5	23,031			83	2,890,168
18.2 By payment on compromised claims										
18.3 Totals paid	78	2,867,137			5	23,031			83	2,890,168
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	78	2,867,137			5	23,031			83	2,890,168
19. Unpaid Dec. 31, current year (16+17-18.6)	21	559,479			4	8,285			25	567,764
POLICY EXHIBIT										
20. In force December 31, prior year	5,423	1,020,593,030	(a)		No. of Policies 226	626,128,354			5,649	1,646,721,385
21. Issued during year	9	7,973,430			20	8,300,000			29	16,273,430
22. Other changes to in force (Net)	(280)	(55,524,790)			(99)	(74,508,035)			(379)	(130,032,825)
23. In force December 31 of current year	5,152	973,041,670	(a)		147	559,920,319			5,299	1,532,961,989

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,780,221	2,607,250		953,441	979,041
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)	38,567	38,567		60,174	60,174
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)	39,657	39,657		60,174	60,174
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,820,298	2,647,327		1,013,615	1,039,215

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products772 and number of persons insured under indemnity only products853 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,951,951		29,601		1,981,552
2. Annuity considerations	2,401,212				2,401,212
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	31,059,591		41,257,401		72,316,991
5. Totals (Sum of Lines 1 to 4)	35,412,754		41,287,001		76,699,755
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	56,474				56,474
6.2 Applied to pay renewal premiums	17,457				17,457
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	98,826				98,826
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	172,757				172,757
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)	172,757				172,757
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,841,703		28,271		1,869,974
10. Matured endowments					
11. Annuity benefits	21,914,843		19,314,088		41,228,931
12. Surrender values and withdrawals for life contracts	1,176,104		664		1,176,768
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	20,049				20,049
15. Totals	24,952,699		19,343,023		44,295,722
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	180,290							4	180,290
17. Incurred during current year	31	1,841,675			5	10,677			36	1,852,352
Settled during current year:										
18.1 By payment in full	30	919,822			5	10,677			35	930,499
18.2 By payment on compromised claims										
18.3 Totals paid	30	919,822			5	10,677			35	930,499
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	30	919,822			5	10,677			35	930,499
19. Unpaid Dec. 31, current year (16+17-18.6)	5	1,102,144							5	1,102,144
POLICY EXHIBIT										
20. In force December 31, prior year	3,322	421,572,895	(a)		No. of Policies 8	19,134,662			3,330	440,707,557
21. Issued during year										
22. Other changes to in force (Net)	(208)	(24,607,825)				(11,779)			(208)	(24,619,604)
23. In force December 31 of current year	3,114	396,965,070	(a)		8	19,122,883			3,122	416,087,953

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,104,134	974,664		569,130	572,630
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)	2,945	2,945		6,138	6,138
25.3 Non-renewable for stated reasons only (b)	1,672	1,672		82,715	82,715
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,617	4,617		88,853	88,853
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,108,751	979,281		657,982	661,482

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products125 and number of persons
 insured under indemnity only products1,010 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	63,071,439		62,055,014		125,126,453
2. Annuity considerations	44,283,820		195,662		44,479,482
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	489,867,937		319,058,123		808,926,059
5. Totals (Sum of Lines 1 to 4)	597,223,196		381,308,798		978,531,994
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,129,248		186		1,129,435
6.2 Applied to pay renewal premiums	1,232,033		52		1,232,085
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,109,715		130		2,109,845
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,470,997		368		4,471,365
Annuities:					
7.1 Paid in cash or left on deposit	225				225
7.2 Applied to provide paid-up annuities					
7.3 Other	76				76
7.4 Totals (Sum of Lines 7.1 to 7.3)	301				301
8. Grand Totals (Lines 6.5 plus 7.4)	4,471,298		368		4,471,666
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	34,756,595		4,222,230		38,978,825
10. Matured endowments	147,264				147,264
11. Annuity benefits	517,890,636		429,477,382		947,368,018
12. Surrender values and withdrawals for life contracts	78,359,041		14,218,478		92,577,518
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	151,299				151,299
15. Totals	631,304,835		447,918,089		1,079,222,924
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	53	2,762,244			39	63,606			92	2,825,850
17. Incurred during current year	444	34,749,567			73	3,281,808			517	38,031,375
Settled during current year:										
18.1 By payment in full	408	34,855,488			96	3,013,279			504	37,868,767
18.2 By payment on compromised claims										
18.3 Totals paid	408	34,855,488			96	3,013,279			504	37,868,767
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	408	34,855,488			96	3,013,279			504	37,868,767
19. Unpaid Dec. 31, current year (16+17-18.6)	89	2,656,323			16	332,136			105	2,988,459
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	27,762	8,584,366,283	(a)		1,791	2,508,038,401			29,553	11,092,404,684
21. Issued during year	157	199,334,372			306	324,526,559			463	523,860,931
22. Other changes to in force (Net)	(1,842)	(735,265,116)			(120)	(160,984,024)			(1,962)	(896,249,140)
23. In force December 31 of current year	26,077	8,048,435,539	(a)		1,977	2,671,580,936			28,054	10,720,016,475

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,258,222	10,183,019		6,110,837	4,153,904
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	193	193			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	28,349	28,349		(19,224)	(19,224)
25.3 Non-renewable for stated reasons only (b)	1,878	1,878		(4,455)	(4,455)
25.4 Other accident only					
25.5 All other (b)	58	58			
25.6 Totals (sum of Lines 25.1 to 25.5)	30,286	30,286		(23,679)	(23,679)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,288,701	10,213,498		6,087,158	4,130,225

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,518 and number of persons
insured under indemnity only products 2,895 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,149,238		8,202,600		14,351,838
2. Annuity considerations	5,831,919				5,831,919
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	67,097,089		29,569,510		96,666,599
5. Totals (Sum of Lines 1 to 4)	79,078,246		37,772,110		116,850,356
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	143,309				143,309
6.2 Applied to pay renewal premiums	152,935		5		152,940
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	217,488				217,488
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	513,732		5		513,737
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)	513,732		5		513,737
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,044,017		81,298		4,125,315
10. Matured endowments					
11. Annuity benefits	63,269,505		53,257,871		116,527,376
12. Surrender values and withdrawals for life contracts	6,167,598		144,624		6,312,221
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	3,036				3,036
15. Totals	73,484,155		53,483,793		126,967,948
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	53,857			3	8,149			10	62,006
17. Incurred during current year	81	4,263,017			(1)	(3,589)			80	4,259,428
Settled during current year:										
18.1 By payment in full	74	4,072,717			2	4,560			76	4,077,277
18.2 By payment on compromised claims										
18.3 Totals paid	74	4,072,717			2	4,560			76	4,077,277
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	74	4,072,717			2	4,560			76	4,077,277
19. Unpaid Dec. 31, current year (16+17-18.6)	14	244,157							14	244,157
POLICY EXHIBIT										
20. In force December 31, prior year	4,950	864,532,924	(a)		No. of Policies 36	134,436,720			4,986	998,969,644
21. Issued during year	26	10,420,000			29	60,546,606			55	70,966,606
22. Other changes to in force (Net)	(251)	(51,370,220)			(2)	(791,505)			(253)	(52,161,724)
23. In force December 31 of current year	4,725	823,582,704	(a)		63	194,191,821			4,788	1,017,774,525

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,059,351	3,656,957		1,871,327	1,941,827
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)	15,311	15,311		20,451	20,451
25.3 Non-renewable for stated reasons only (b)	362	362			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	15,674	15,674		22,851	22,851
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,075,025	3,672,630		1,894,178	1,964,678

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,121 and number of persons
insured under indemnity only products 658 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,843,480		1,444,098		9,287,578
2. Annuity considerations	10,578,802				10,578,802
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	101,361,212		30,656,134		132,017,346
5. Totals (Sum of Lines 1 to 4)	119,783,494		32,100,232		151,883,726
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	395,585				395,585
6.2 Applied to pay renewal premiums	251,714				251,714
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	455,659		34		455,692
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,102,957		34		1,102,991
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,102,957		34		1,102,991
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,271,258		129,240		4,400,498
10. Matured endowments	46,541				46,541
11. Annuity benefits	80,502,514		45,575,420		126,077,934
12. Surrender values and withdrawals for life contracts	6,998,888		52,206		7,051,094
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	42,044				42,044
15. Totals	91,861,244		45,756,866		137,618,111
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	31	441,859			2	2,525			33	444,384
17. Incurred during current year	162	4,295,258			7	49,505			169	4,344,763
Settled during current year:										
18.1 By payment in full	161	4,164,618			7	49,030			168	4,213,648
18.2 By payment on compromised claims										
18.3 Totals paid	161	4,164,618			7	49,030			168	4,213,648
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	161	4,164,618			7	49,030			168	4,213,648
19. Unpaid Dec. 31, current year (16+17-18.6)	32	572,499			2	3,000			34	575,499
POLICY EXHIBIT										
20. In force December 31, prior year	13,463	1,610,125,939	(a)		No. of Policies 62	86,445,554			13,525	1,696,571,493
21. Issued during year	7	2,675,000							7	2,675,000
22. Other changes to in force (Net)	(845)	(105,447,760)			(2)	(876,832)			(847)	(106,324,592)
23. In force December 31 of current year	12,625	1,507,353,179	(a)		60	85,568,722			12,685	1,592,921,901

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,025,358	3,617,236		2,070,516	3,199,916
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)	307,544	307,544		355,137	355,137
25.3 Non-renewable for stated reasons only (b)	540	540			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	308,084	308,084		355,137	355,137
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,333,443	3,925,320		2,425,653	3,555,053

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,086 and number of persons
 insured under indemnity only products320 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	16,564,047		171,444,821		188,008,868
2. Annuity considerations	3,010,414				3,010,414
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	24,839,111		1,457,350		26,296,460
5. Totals (Sum of Lines 1 to 4)	44,413,572		172,902,170		217,315,742
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	244,446		12		244,458
6.2 Applied to pay renewal premiums	217,218				217,218
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	769,545		12		769,557
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,231,208		25		1,231,232
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,231,208		25		1,231,232
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,233,412		28,327,051		35,560,463
10. Matured endowments	46,322				46,322
11. Annuity benefits	13,491,965		309,037,849		322,529,813
12. Surrender values and withdrawals for life contracts	10,509,142		1,798,668		12,307,811
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	49,518				49,518
15. Totals	31,330,358		339,163,568		370,493,927
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	23	411,384			1	336,003			24	747,388
17. Incurred during current year	148	7,231,479			23	28,254,066			171	35,485,545
Settled during current year:										
18.1 By payment in full	144	7,546,113			22	28,531,970			166	36,078,083
18.2 By payment on compromised claims										
18.3 Totals paid	144	7,546,113			22	28,531,970			166	36,078,083
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	144	7,546,113			22	28,531,970			166	36,078,083
19. Unpaid Dec. 31, current year (16+17-18.6)	27	96,751			2	58,099			29	154,849
POLICY EXHIBIT										
20. In force December 31, prior year	13,783	2,231,782,949	(a)		No. of Policies 9,130	16,020,339,894			22,913	18,252,122,843
21. Issued during year	135	107,295,142			463	358,375,606			598	465,670,748
22. Other changes to in force (Net)	(756)	(60,139,839)			(69)	10,911,742			(825)	(49,228,097)
23. In force December 31 of current year	13,162	2,278,938,252	(a)		9,524	16,389,627,242			22,686	18,668,565,494

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,813,765	3,588,027		1,535,168	1,702,068
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)	9,311	9,311		4,739	4,739
25.3 Non-renewable for stated reasons only (b)	3,711	3,711			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	13,022	13,022		4,739	4,739
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,826,787	3,601,049		1,539,907	1,706,807

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,736 and number of persons
 insured under indemnity only products101 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,624,089		37,704		8,661,793
2. Annuity considerations	978,330				978,330
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	6,269,850		1,079,465		7,349,315
5. Totals (Sum of Lines 1 to 4)	15,872,268		1,117,169		16,989,438
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	58,395				58,395
6.2 Applied to pay renewal premiums	45,238				45,238
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	41,432				41,432
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	145,064				145,064
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)	145,064				145,064
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,048,911		41,547		2,090,458
10. Matured endowments	3,784				3,784
11. Annuity benefits	4,057,243		4,201,187		8,258,430
12. Surrender values and withdrawals for life contracts	720,367		5,180		725,547
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	449				449
15. Totals	6,830,754		4,247,914		11,078,668
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	6,464			.6	68,347			.7	74,811
17. Incurred during current year	18	2,048,911			.8	20,977			26	2,069,888
Settled during current year:										
18.1 By payment in full	.9	2,011,338			.8	16,567			17	2,027,905
18.2 By payment on compromised claims										
18.3 Totals paid	.9	2,011,338			.8	16,567			17	2,027,905
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	.9	2,011,338			.8	16,567			17	2,027,905
19. Unpaid Dec. 31, current year (16+17-18.6)	10	44,037			6	72,757			16	116,794
POLICY EXHIBIT										
20. In force December 31, prior year	1,170	404,812,867	(a)		No. of Policies 2	4,593,888			1,172	409,406,755
21. Issued during year										
22. Other changes to in force (Net)	(33)	(2,964,679)				(167,620)			(33)	(3,132,299)
23. In force December 31 of current year	1,137	401,848,188	(a)		2	4,426,268			1,139	406,274,456

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	221,800	224,162		49,021	53,121
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)	4,921	4,921		1,213	1,213
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)	4,921	4,921		1,213	1,213
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	226,721	229,082		50,234	54,334

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products44 and number of persons insured under indemnity only products42 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida
 NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2012
 NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	30,750,689		19,303,140		50,053,829
2. Annuity considerations	40,389,391		3		40,389,394
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	311,474,683		482,578,018		794,052,701
5. Totals (Sum of Lines 1 to 4)	382,614,762		501,881,162		884,495,924
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,287,156		105		1,287,262
6.2 Applied to pay renewal premiums	886,054		36		886,090
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,039,945		60		2,040,005
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,213,156		201		4,213,357
Annuities:					
7.1 Paid in cash or left on deposit	3				3
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	3				3
8. Grand Totals (Lines 6.5 plus 7.4)	4,213,158		201		4,213,359
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	25,151,020		2,500,753		27,651,774
10. Matured endowments	119,577				119,577
11. Annuity benefits	348,370,509		365,408,662		713,779,171
12. Surrender values and withdrawals for life contracts	52,150,397		105,276		52,255,674
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	304,727				304,727
15. Totals	426,096,230		368,014,692		794,110,922
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	102	3,156,675			25	39,911			127	3,196,586
17. Incurred during current year	696	25,110,002			53	1,440,364			749	26,550,366
Settled during current year:										
18.1 By payment in full	676	26,593,627			68	1,361,414			744	27,955,041
18.2 By payment on compromised claims										
18.3 Totals paid	676	26,593,627			68	1,361,414			744	27,955,041
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	676	26,593,627			68	1,361,414			744	27,955,041
19. Unpaid Dec. 31, current year (16+17-18.6)	122	1,673,051			10	118,861			132	1,791,912
POLICY EXHIBIT										
20. In force December 31, prior year	37,339	5,346,363,677	(a)		No. of Policies 1,366	1,066,451,240			38,705	6,412,814,917
21. Issued during year	48	42,246,029			77	87,637,165			125	129,883,194
22. Other changes to in force (Net)	(2,233)	(553,683,391)			(3)	17,949,548			(2,236)	(535,733,843)
23. In force December 31 of current year	35,154	4,834,926,315	(a)		1,440	1,172,037,954			36,594	6,006,964,269

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,420,752	5,447,401		2,822,475	2,908,475
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)	(389)	(389)		800	800
25.2 Guaranteed renewable (b)	1,104,043	1,104,043		1,107,442	1,107,442
25.3 Non-renewable for stated reasons only (b)	68,858	68,858			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,172,512	1,172,512		1,108,242	1,108,242
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,593,264	6,619,912		3,930,717	4,016,717

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products414 and number of persons insured under indemnity only products3,080 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	21,690,828		39,693,352		61,384,180
2. Annuity considerations	8,065,623				8,065,623
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	67,049,623		75,303,890		142,353,512
5. Totals (Sum of Lines 1 to 4)	96,806,074		114,997,242		211,803,316
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	501,655		540		502,195
6.2 Applied to pay renewal premiums	314,563				314,563
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	741,907		50		741,957
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,558,126		590		1,558,716
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,558,126		590		1,558,716
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,667,217		789,106		7,456,323
10. Matured endowments	16,273				16,273
11. Annuity benefits	71,260,055		107,946,854		179,206,909
12. Surrender values and withdrawals for life contracts	14,418,884		19,996,839		34,415,723
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	114,481				114,481
15. Totals	92,476,911		128,732,798		221,209,709
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	29	718,946			24	33,638			53	752,584
17. Incurred during current year	179	6,681,799			18	674,757			197	7,356,557
Settled during current year:										
18.1 By payment in full	181	6,759,301			37	691,005			218	7,450,306
18.2 By payment on compromised claims										
18.3 Totals paid	181	6,759,301			37	691,005			218	7,450,306
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	181	6,759,301			37	691,005			218	7,450,306
19. Unpaid Dec. 31, current year (16+17-18.6)	27	641,444			5	17,391			32	658,835
POLICY EXHIBIT										
20. In force December 31, prior year	15,699	2,446,664,583	(a)		No. of Policies 395	509,212,846			16,094	2,955,877,429
21. Issued during year	140	89,128,657			76	99,191,716			216	188,320,373
22. Other changes to in force (Net)	(909)	(214,641,206)			(23)	(58,881,697)			(932)	(273,522,904)
23. In force December 31 of current year	14,930	2,321,152,034	(a)		448	549,522,864			15,378	2,870,674,898

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,161,434	2,137,022		1,729,483	1,685,912
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)	19,688	19,688			
25.2 Guaranteed renewable (b)	395,320	395,320		321,346	321,346
25.3 Non-renewable for stated reasons only (b)	48,656	48,656			
25.4 Other accident only					
25.5 All other (b)				220	220
25.6 Totals (sum of Lines 25.1 to 25.5)	463,664	463,664		321,566	321,566
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,625,098	2,600,686		2,051,049	2,007,478

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products90 and number of persons insured under indemnity only products1,472 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,614,856		128,957		1,743,813
2. Annuity considerations	5,461,224				5,461,224
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	63,306,967		8,287,669		71,594,635
5. Totals (Sum of Lines 1 to 4)	70,383,047		8,416,626		78,799,673
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	26,045				26,045
6.2 Applied to pay renewal premiums	20,147				20,147
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	28,480				28,480
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	74,672				74,672
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	74,672				74,672
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,568,301		45,423		1,613,724
10. Matured endowments					
11. Annuity benefits	43,921,877		39,024,228		82,946,105
12. Surrender values and withdrawals for life contracts	1,159,082				1,159,082
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	3				3
15. Totals	46,649,263		39,069,651		85,718,914
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	138,047							5	138,047
17. Incurred during current year	7	1,568,301							7	1,568,301
Settled during current year:										
18.1 By payment in full	8	1,578,380							8	1,578,380
18.2 By payment on compromised claims										
18.3 Totals paid	8	1,578,380							8	1,578,380
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	1,578,380							8	1,578,380
19. Unpaid Dec. 31, current year (16+17-18.6)	4	127,968							4	127,968
POLICY EXHIBIT										
20. In force December 31, prior year	1,349	362,871,327	(a)		No. of Policies 25	6,316,663			1,374	369,187,990
21. Issued during year	1	1,400,000							1	1,400,000
22. Other changes to in force (Net)	(54)	(16,723,558)				(100,000)			(54)	(16,823,558)
23. In force December 31 of current year	1,296	347,547,769	(a)		25	6,216,662			1,321	353,764,431

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,321	10,011		3,916	10,216
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)	6,161	6,161		191	191
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)	6,161	6,161		191	191
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,482	16,172		4,107	10,407

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products27 and number of persons insured under indemnity only products4 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,815,429		14,500		1,829,929
2. Annuity considerations	1,547,052				1,547,052
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	11,793,752		30,725,082		42,518,834
5. Totals (Sum of Lines 1 to 4)	15,156,233		30,739,581		45,895,815
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	22,895		231		23,126
6.2 Applied to pay renewal premiums	9,989				9,989
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	30,138				30,138
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	63,023		231		63,254
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)	63,023		231		63,254
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	375,196		19,502		394,699
10. Matured endowments	3,000				3,000
11. Annuity benefits	12,335,469		24,429,998		36,765,467
12. Surrender values and withdrawals for life contracts	550,729				550,729
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	9				9
15. Totals	13,264,404		24,449,500		37,713,904
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	1,000			.1	4,000			.2	5,000
17. Incurred during current year	7	374,611			6	9,502			13	384,114
Settled during current year:										
18.1 By payment in full	7	374,611			6	10,833			13	385,445
18.2 By payment on compromised claims										
18.3 Totals paid	7	374,611			6	10,833			13	385,445
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	374,611			6	10,833			13	385,445
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,000			1	2,669			2	3,669
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	763	153,122,714	(a)		5	7,533,236			768	160,655,950
21. Issued during year	7	7,298,739							7	7,298,739
22. Other changes to in force (Net)	(15)	(4,919,693)				(17,354)			(15)	(4,937,047)
23. In force December 31 of current year	755	155,501,760	(a)		5	7,515,882			760	163,017,642

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(857,291)	6,029,439		12,372,094	11,497,694
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)	852	852		(148)	(148)
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		(148)	(148)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(856,439)	6,030,291		12,371,946	11,497,546

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products79 and number of persons insured under indemnity only products119 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	19,732,106		52,219,281		71,951,387
2. Annuity considerations	13,655,502				13,655,502
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	141,033,915		200,760,551		341,794,466
5. Totals (Sum of Lines 1 to 4)	174,421,523		252,979,832		427,401,355
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	334,977		67		335,044
6.2 Applied to pay renewal premiums	261,999		14		262,013
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	575,255		7		575,262
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,172,231		88		1,172,319
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other	281				281
7.4 Totals (Sum of Lines 7.1 to 7.3)	281				281
8. Grand Totals (Lines 6.5 plus 7.4)	1,172,512		88		1,172,600
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,498,714		4,224,143		12,722,857
10. Matured endowments	12,314				12,314
11. Annuity benefits	168,293,468		224,615,858		392,909,325
12. Surrender values and withdrawals for life contracts	27,840,587		21,495,751		49,336,337
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	31,668				31,668
15. Totals	204,676,751		250,335,751		455,012,502
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	22	498,384			15	19,269			37	517,653
17. Incurred during current year	181	8,466,294			10	3,961,643			191	12,427,937
Settled during current year:										
18.1 By payment in full	174	8,609,494			23	3,977,622			197	12,587,116
18.2 By payment on compromised claims										
18.3 Totals paid	174	8,609,494			23	3,977,622			197	12,587,116
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	174	8,609,494			23	3,977,622			197	12,587,116
19. Unpaid Dec. 31, current year (16+17-18.6)	29	355,184			2	3,291			31	358,474
POLICY EXHIBIT										
20. In force December 31, prior year	15,322	3,419,401,819	(a)		No. of Policies 295	677,829,840			15,617	4,097,231,658
21. Issued during year	20	6,300,740			578	911,395,532			598	917,696,272
22. Other changes to in force (Net)	(934)	(287,958,808)			(73)	(355,685,062)			(1,007)	(643,643,870)
23. In force December 31 of current year	14,408	3,137,743,750	(a)		800	1,233,540,310			15,208	4,371,284,061

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,046,416	3,002,648		2,556,257	2,551,370
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)	2,102	2,102			
25.2 Guaranteed renewable (b)	9,434	9,434		35,350	35,350
25.3 Non-renewable for stated reasons only (b)	185	185			
25.4 Other accident only					
25.5 All other (b)				357	357
25.6 Totals (sum of Lines 25.1 to 25.5)	11,721	11,721		35,707	35,707
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,058,137	3,014,370		2,591,964	2,587,077

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products215 and number of persons insured under indemnity only products1,872 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,027,639		9,168,396		13,196,035
2. Annuity considerations	9,174,519				9,174,519
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	96,552,003		43,228,371		139,780,374
5. Totals (Sum of Lines 1 to 4)	109,754,162		52,396,767		162,150,928
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	206,222		118		206,341
6.2 Applied to pay renewal premiums	198,745				198,745
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	347,441		14		347,455
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	752,408		132		752,540
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)	752,408		132		752,540
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,851,293		764,016		5,615,309
10. Matured endowments	121,559				121,559
11. Annuity benefits	73,227,791		54,255,555		127,483,346
12. Surrender values and withdrawals for life contracts	3,598,758		20,772		3,619,531
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	46,260				46,260
15. Totals	81,845,661		55,040,344		136,886,004
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	14	272,103			11	38,357			25	310,460
17. Incurred during current year	132	4,793,384			12	37,397			144	4,830,781
Settled during current year:										
18.1 By payment in full	133	5,011,296			19	67,735			152	5,079,031
18.2 By payment on compromised claims										
18.3 Totals paid	133	5,011,296			19	67,735			152	5,079,031
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	133	5,011,296			19	67,735			152	5,079,031
19. Unpaid Dec. 31, current year (16+17-18.6)	13	54,191			4	8,019			17	62,209
POLICY EXHIBIT										
20. In force December 31, prior year	8,437	846,559,800	(a)		No. of Policies 44	81,787,619			8,481	928,347,419
21. Issued during year	1	1,915,321			53	80,700,927			54	82,616,248
22. Other changes to in force (Net)	(457)	(58,468,324)				810,998			(457)	(57,657,326)
23. In force December 31 of current year	7,981	790,006,797	(a)		97	163,299,544			8,078	953,306,341

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,388,656	5,522,489		2,711,184	2,949,277
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)	52,549	52,549		24,695	24,695
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)				166	166
25.6 Totals (sum of Lines 25.1 to 25.5)	52,549	52,549		24,861	24,861
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,441,205	5,575,038		2,736,045	2,974,138

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products271 and number of persons insured under indemnity only products1,035 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa
NAIC Group Code 0140

DURING THE YEAR 2012
NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,259,464		9,897,867		12,157,331
2. Annuity considerations	2,190,382				2,190,382
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	20,337,773		21,030,054		41,367,826
5. Totals (Sum of Lines 1 to 4)	24,787,619		30,927,921		55,715,539
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	101,160				101,160
6.2 Applied to pay renewal premiums	118,797				118,797
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	167,659		15		167,674
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	387,616		15		387,631
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)	387,616		15		387,631
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,123,813		371,739		1,495,551
10. Matured endowments	1,143				1,143
11. Annuity benefits	28,090,384		33,874,409		61,964,793
12. Surrender values and withdrawals for life contracts	1,289,271		2,061		1,291,332
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	5,002				5,002
15. Totals	30,509,612		34,248,209		64,757,821
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	17,353			4	3,980			8	21,333
17. Incurred during current year	39	1,121,533			9	31,883			48	1,153,416
Settled during current year:										
18.1 By payment in full	40	645,371			12	26,895			52	672,265
18.2 By payment on compromised claims										
18.3 Totals paid	40	645,371			12	26,895			52	672,265
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	40	645,371			12	26,895			52	672,265
19. Unpaid Dec. 31, current year (16+17-18.6)	3	493,515			1	8,969			4	502,484
POLICY EXHIBIT										
20. In force December 31, prior year	2,279	314,372,338	(a)		No. of Policies .6	966,530,846			2,285	1,280,903,184
21. Issued during year					29	66,700,000			29	66,700,000
22. Other changes to in force (Net)	(122)	(15,659,855)				(65,958)			(122)	(15,725,814)
23. In force December 31 of current year	2,157	298,712,483	(a)		35	1,033,164,888			2,192	1,331,877,371

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,850,177	1,862,399		1,114,953	1,141,753
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)	(514)	(514)			
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)	(514)	(514)			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,849,662	1,861,885		1,114,953	1,141,753

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products25 and number of persons
insured under indemnity only products1,054 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 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. Rows include Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Program, Medicare Title XVIII exempt, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10 and number of persons insured under indemnity only products 471



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 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. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT, and summary rows for 2012.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1-24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1-25.6 Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 88 and number of persons insured under indemnity only products 577



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,878,054		1,294,522		3,172,576
2. Annuity considerations	3,464,894				3,464,894
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	72,329,763		39,434,545		111,764,307
5. Totals (Sum of Lines 1 to 4)	77,672,711		40,729,067		118,401,778
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	169,834				169,834
6.2 Applied to pay renewal premiums	128,863				128,863
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	200,234		39		200,273
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	498,931		39		498,970
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)	498,931		39		498,970
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	449,596		53,768		503,365
10. Matured endowments	5,000				5,000
11. Annuity benefits	39,622,362		30,654,102		70,276,464
12. Surrender values and withdrawals for life contracts	4,817,602		6,966		4,824,568
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	23,629				23,629
15. Totals	44,918,190		30,714,836		75,633,026
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	646,555			8	18,522			11	665,077
17. Incurred during current year	25	449,596			26	54,748			51	504,344
Settled during current year:										
18.1 By payment in full	21	987,603			30	62,279			51	1,049,882
18.2 By payment on compromised claims										
18.3 Totals paid	21	987,603			30	62,279			51	1,049,882
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	21	987,603			30	62,279			51	1,049,882
19. Unpaid Dec. 31, current year (16+17-18.6)	7	108,549			4	10,991			11	119,540
POLICY EXHIBIT										
20. In force December 31, prior year	1,681	328,612,356	(a)		38	46,272,962			1,719	374,885,318
21. Issued during year					9	15,264,000			9	15,264,000
22. Other changes to in force (Net)	(60)	(22,221,433)			9	22,953,691			(51)	732,258
23. In force December 31 of current year	1,621	306,390,922	(a)		56	84,490,653			1,677	390,881,576

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,720,870	3,107,157		3,800,966	3,790,266
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,720,870	3,107,157		3,800,966	3,790,266

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products32 and number of persons
insured under indemnity only products442 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,437,193		19,859		1,457,052
2. Annuity considerations	2,659,392				2,659,392
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	16,173,564		2,921,686		19,095,250
5. Totals (Sum of Lines 1 to 4)	20,270,150		2,941,545		23,211,695
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	131,405				131,405
6.2 Applied to pay renewal premiums	121,484				121,484
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	140,515				140,515
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	393,404				393,404
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)	393,404				393,404
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,831,810		(2,662)		1,829,148
10. Matured endowments	38,555				38,555
11. Annuity benefits	17,999,881		9,065,927		27,065,808
12. Surrender values and withdrawals for life contracts	1,442,608		1,391		1,443,999
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	8,978				8,978
15. Totals	21,321,832		9,064,656		30,386,487
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	21,141			2	10,492			6	31,633
17. Incurred during current year	35	1,824,303			2	(2,662)			37	1,821,641
Settled during current year:										
18.1 By payment in full	35	1,844,315			2	4,219			37	1,848,534
18.2 By payment on compromised claims										
18.3 Totals paid	35	1,844,315			2	4,219			37	1,848,534
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	35	1,844,315			2	4,219			37	1,848,534
19. Unpaid Dec. 31, current year (16+17-18.6)	4	1,129			2	3,611			6	4,740
POLICY EXHIBIT										
20. In force December 31, prior year	2,375	209,684,609	(a)		No. of Policies	2,532,115			2,375	212,216,724
21. Issued during year	4	5,899,000							4	5,899,000
22. Other changes to in force (Net)	(110)	(18,716,739)				(9,848)			(110)	(18,726,587)
23. In force December 31 of current year	2,269	196,866,870	(a)			2,522,267			2,269	199,389,137

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,251,651	4,590,369		4,010,914	3,853,914
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)	20,746	20,746		2,427	2,427
25.3 Non-renewable for stated reasons only (b)	1,134	1,134			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	23,360	23,360		2,427	2,427
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,275,011	4,613,729		4,013,341	3,856,341

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,542 and number of persons
 insured under indemnity only products106 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland
 NAIC Group Code 0140

DURING THE YEAR 2012
 NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	21,349,653		2,564,280		23,913,933
2. Annuity considerations	15,660,592		569,252		16,229,844
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	93,969,422		95,880,749		189,850,172
5. Totals (Sum of Lines 1 to 4)	130,979,667		99,014,281		229,993,949
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	778,512		436		778,948
6.2 Applied to pay renewal premiums	564,300		6		564,306
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,129,705		32		1,129,736
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,472,517		474		2,472,990
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,472,517		474		2,472,990
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	14,433,652		441,741		14,875,393
10. Matured endowments	145,427				145,427
11. Annuity benefits	82,272,850		70,966,531		153,239,381
12. Surrender values and withdrawals for life contracts	18,197,229		5,432		18,202,661
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	141,960				141,960
15. Totals	115,191,118		71,413,704		186,604,822
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	69	2,240,351			3	3,939			72	2,244,290
17. Incurred during current year	497	14,443,566			10	37,072			507	14,480,638
Settled during current year:										
18.1 By payment in full	504	15,763,875			9	28,510			513	15,792,385
18.2 By payment on compromised claims										
18.3 Totals paid	504	15,763,875			9	28,510			513	15,792,385
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	504	15,763,875			9	28,510			513	15,792,385
19. Unpaid Dec. 31, current year (16+17-18.6)	62	920,043			4	12,500			66	932,543
POLICY EXHIBIT										
20. In force December 31, prior year	38,185	3,499,767,654	(a)		No. of Policies 261	482,763,333			38,446	3,982,530,987
21. Issued during year	19	12,631,381							19	12,631,381
22. Other changes to in force (Net)	(2,318)	(330,875,221)			(1)	(818,012)			(2,319)	(331,693,233)
23. In force December 31 of current year	35,886	3,181,523,814	(a)		260	481,945,320			36,146	3,663,469,134

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,014,441	993,424		549,676	515,026
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)	779,284	779,284		515,627	515,627
25.3 Non-renewable for stated reasons only (b)	510	510			
25.4 Other accident only					
25.5 All other (b)				224	224
25.6 Totals (sum of Lines 25.1 to 25.5)	779,794	779,794		515,851	515,851
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,794,235	1,773,218		1,065,527	1,030,877

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products379 and number of persons
 insured under indemnity only products625 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,458,345		334,363		11,792,708
2. Annuity considerations	34,509,473		2		34,509,475
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	175,361,242		53,375,815		228,737,057
5. Totals (Sum of Lines 1 to 4)	221,329,060		53,710,180		275,039,240
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	345,770		52		345,822
6.2 Applied to pay renewal premiums	468,953		21		468,974
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	713,916		15		713,931
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,528,639		88		1,528,727
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,528,639		88		1,528,727
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,472,374		519,858		6,992,232
10. Matured endowments	51,888				51,888
11. Annuity benefits	165,789,765		85,049,617		250,839,382
12. Surrender values and withdrawals for life contracts	15,520,100		19,520		15,539,619
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	51,378				51,378
15. Totals	187,885,505		85,588,995		273,474,500
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	15	218,600			10	11,681			25	230,281
17. Incurred during current year	136	6,479,739			28	418,858			164	6,898,597
Settled during current year:										
18.1 By payment in full	127	6,224,604			29	408,713			156	6,633,318
18.2 By payment on compromised claims										
18.3 Totals paid	127	6,224,604			29	408,713			156	6,633,318
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	127	6,224,604			29	408,713			156	6,633,318
19. Unpaid Dec. 31, current year (16+17-18.6)	24	473,735			9	21,826			33	495,561
POLICY EXHIBIT										
20. In force December 31, prior year	9,261	1,721,180,581	(a)		No. of Policies 351	240,617,801			9,612	1,961,798,382
21. Issued during year	21	9,980,663			18	12,829,350			39	22,810,013
22. Other changes to in force (Net)	(494)	(125,110,845)			(29)	(35,743,817)			(523)	(160,854,662)
23. In force December 31 of current year	8,788	1,606,050,399	(a)		340	217,703,334			9,128	1,823,753,733

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,498,034	6,834,671		5,521,994	4,699,200
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)	(3,208)	(3,208)		(5,641)	(5,641)
25.3 Non-renewable for stated reasons only (b)	199	199			
25.4 Other accident only					
25.5 All other (b)	29	29			
25.6 Totals (sum of Lines 25.1 to 25.5)	(1,428)	(1,428)		(5,641)	(5,641)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,496,606	6,833,243		5,516,353	4,693,559

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,409 and number of persons
 insured under indemnity only products321 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0140

DURING THE YEAR 2012
NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	22,594,789		11,749,647		34,344,436
2. Annuity considerations	11,823,979				11,823,979
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	122,154,993		110,248,969		232,403,962
5. Totals (Sum of Lines 1 to 4)	156,573,761		121,998,616		278,572,377
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	248,217		824,961		1,073,178
6.2 Applied to pay renewal premiums	168,685				168,685
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	396,028		70		396,097
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	812,930		825,031		1,637,961
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)	812,930		825,031		1,637,961
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,624,260		3,142,374		10,766,634
10. Matured endowments	18,143				18,143
11. Annuity benefits	115,045,285		173,193,755		288,239,041
12. Surrender values and withdrawals for life contracts	17,257,552		12,837		17,270,389
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	17,389				17,389
15. Totals	139,962,630		176,348,967		316,311,597
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	31	1,300,137			7	24,680			38	1,324,817
17. Incurred during current year	110	7,577,209			16	36,154			126	7,613,363
Settled during current year:										
18.1 By payment in full	120	7,940,222			18	38,220			138	7,978,442
18.2 By payment on compromised claims										
18.3 Totals paid	120	7,940,222			18	38,220			138	7,978,442
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	120	7,940,222			18	38,220			138	7,978,442
19. Unpaid Dec. 31, current year (16+17-18.6)	21	937,124			5	22,614			26	959,738
POLICY EXHIBIT										
20. In force December 31, prior year	15,011	3,635,340,700	(a)		No. of Policies 62	266,778,328			15,073	3,902,119,027
21. Issued during year	25	25,185,345			12	12,160,800			37	37,346,145
22. Other changes to in force (Net)	(1,052)	(305,548,591)			70	77,052,271			(982)	(228,496,321)
23. In force December 31 of current year	13,984	3,354,977,454	(a)		144	355,991,398			14,128	3,710,968,851

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,023,370	4,031,979	175,548	2,340,117	2,286,743
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)	37,649	37,649		50,336	50,336
25.3 Non-renewable for stated reasons only (b)	1,089	1,089			
25.4 Other accident only					
25.5 All other (b)	541	541		3,599	3,599
25.6 Totals (sum of Lines 25.1 to 25.5)	39,280	39,280		53,935	53,935
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,062,649	4,071,258	175,548	2,394,052	2,340,677

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products108 and number of persons
insured under indemnity only products1,259



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,041,790		5,564,669		10,606,459
2. Annuity considerations	3,300,254				3,300,254
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	68,457,915		42,826,625		111,284,539
5. Totals (Sum of Lines 1 to 4)	76,799,958		48,391,293		125,191,252
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	283,362				283,362
6.2 Applied to pay renewal premiums	349,929		7		349,936
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	458,728				458,728
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,092,020		7		1,092,027
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,092,020		7		1,092,027
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,639,646		45,800		3,685,446
10. Matured endowments	8,078				8,078
11. Annuity benefits	59,204,695		67,528,199		126,732,894
12. Surrender values and withdrawals for life contracts	16,180,926		4,768		16,185,694
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	18,260				18,260
15. Totals	79,051,605		67,578,767		146,630,372
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	49,206			7	17,918			12	67,124
17. Incurred during current year	78	3,637,175			14	45,800			92	3,682,974
Settled during current year:										
18.1 By payment in full	69	3,538,612			13	47,104			82	3,585,716
18.2 By payment on compromised claims										
18.3 Totals paid	69	3,538,612			13	47,104			82	3,585,716
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	69	3,538,612			13	47,104			82	3,585,716
19. Unpaid Dec. 31, current year (16+17-18.6)	14	147,768			8	16,614			22	164,382
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	6,888	1,488,220,750	(a)		469	440,037,781			7,357	1,928,258,531
21. Issued during year										
22. Other changes to in force (Net)	(309)	(44,871,881)				(64,855,458)			(309)	(109,727,339)
23. In force December 31 of current year	6,579	1,443,348,868	(a)		469	375,182,323			7,048	1,818,531,192

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	564,339	560,988		214,461	249,661
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)	17,345	17,345		57,393	57,393
25.3 Non-renewable for stated reasons only (b)	675	675			
25.4 Other accident only					
25.5 All other (b)	98	98		465	465
25.6 Totals (sum of Lines 25.1 to 25.5)	18,119	18,119		57,857	57,857
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	582,457	579,107		272,318	307,518

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products61 and number of persons
 insured under indemnity only products357 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,219,555		56,442		3,275,997
2. Annuity considerations	1,542,522				1,542,522
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	10,936,157		3,228,532		14,164,689
5. Totals (Sum of Lines 1 to 4)	15,698,234		3,284,974		18,983,208
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	83,571				83,571
6.2 Applied to pay renewal premiums	40,129				40,129
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	156,787				156,787
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	280,487				280,487
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)	280,487				280,487
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,009,621		77,988		5,087,609
10. Matured endowments	6,485				6,485
11. Annuity benefits	12,631,524		13,535,783		26,167,307
12. Surrender values and withdrawals for life contracts	2,077,183		4,698		2,081,881
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	60,203				60,203
15. Totals	19,785,016		13,618,470		33,403,485
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	101,045			3	5,015			8	106,061
17. Incurred during current year	53	5,019,620			5	67,988			58	5,087,608
Settled during current year:										
18.1 By payment in full	53	4,989,485			8	73,003			61	5,062,488
18.2 By payment on compromised claims										
18.3 Totals paid	53	4,989,485			8	73,003			61	5,062,488
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	53	4,989,485			8	73,003			61	5,062,488
19. Unpaid Dec. 31, current year (16+17-18.6)	5	131,181							5	131,181
POLICY EXHIBIT										
20. In force December 31, prior year	3,926	426,043,471	(a)		No. of Policies 1	23,906,279			3,927	449,949,750
21. Issued during year	72	17,760,000							72	17,760,000
22. Other changes to in force (Net)	(216)	(29,655,961)				(243,083)			(216)	(29,899,044)
23. In force December 31 of current year	3,782	414,147,510	(a)		1	23,663,196			3,783	437,810,706

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,524,476	1,523,815		502,728	490,228
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)	106,068	106,068		87,840	87,840
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)	106,068	106,068		87,840	87,840
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,630,544	1,629,883		590,568	578,068

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products28 and number of persons
insured under indemnity only products539 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,707,741		7,368,025		15,075,766
2. Annuity considerations	7,152,594				7,152,594
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	57,113,811		40,287,119		97,400,930
5. Totals (Sum of Lines 1 to 4)	71,974,146		47,655,144		119,629,291
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	118,691		27		118,718
6.2 Applied to pay renewal premiums	82,802				82,802
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	268,465		6		268,471
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	469,958		33		469,991
Annuities:					
7.1 Paid in cash or left on deposit	506				506
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	506				506
8. Grand Totals (Lines 6.5 plus 7.4)	470,464		33		470,497
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,273,057		178,630		1,451,687
10. Matured endowments					
11. Annuity benefits	54,196,989		67,870,859		122,067,848
12. Surrender values and withdrawals for life contracts	14,445,579		7,867		14,453,447
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	12,871				12,871
15. Totals	69,928,497		68,057,356		137,985,853
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	70,979			7	24,147			17	95,127
17. Incurred during current year	59	1,244,924			7	165,110			66	1,410,034
Settled during current year:										
18.1 By payment in full	54	1,102,049			11	70,574			65	1,172,622
18.2 By payment on compromised claims										
18.3 Totals paid	54	1,102,049			11	70,574			65	1,172,622
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	54	1,102,049			11	70,574			65	1,172,622
19. Unpaid Dec. 31, current year (16+17-18.6)	15	213,854			3	118,684			18	332,538
POLICY EXHIBIT										
20. In force December 31, prior year	4,014	748,073,534	(a)		182	225,536,262			4,196	973,609,795
21. Issued during year	5	15,572,922							5	15,572,922
22. Other changes to in force (Net)	(257)	(104,720,389)				2,863,510			(257)	(101,856,879)
23. In force December 31 of current year	3,762	658,926,066	(a)		182	228,399,772			3,944	887,325,838

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,955,838	3,979,718		2,347,453	2,271,553
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,092	1,092		11,909	11,909
25.3 Non-renewable for stated reasons only (b)	373	373			
25.4 Other accident only					
25.5 All other (b)	501	501		137	137
25.6 Totals (sum of Lines 25.1 to 25.5)	1,965	1,965		12,046	12,046
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,957,804	3,981,683		2,359,499	2,283,599

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products56 and number of persons
insured under indemnity only products1,753 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0140

DURING THE YEAR 2012
NAIC Company Code 66869

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 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. Rows include Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Program, and various individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10 and number of persons insured under indemnity only products 62



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	879,366		11,658		891,024
2. Annuity considerations	1,368,150				1,368,150
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	15,862,385		16,427,641		32,290,026
5. Totals (Sum of Lines 1 to 4)	18,109,901		16,439,299		34,549,200
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	32,017		20		32,037
6.2 Applied to pay renewal premiums	19,172				19,172
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	94,773				94,773
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	145,962		20		145,982
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)	145,962		20		145,982
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	98,507		82,251		180,757
10. Matured endowments	15,025				15,025
11. Annuity benefits	19,438,424		30,232,827		49,671,251
12. Surrender values and withdrawals for life contracts	1,155,709		2,274		1,157,983
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	6				6
15. Totals	20,707,670		30,317,351		51,025,022
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	4,279			1	1,280			3	5,559
17. Incurred during current year	10	98,507			4	9,489			14	107,996
Settled during current year:										
18.1 By payment in full	7	81,998			5	10,769			12	92,767
18.2 By payment on compromised claims										
18.3 Totals paid	7	81,998			5	10,769			12	92,767
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	81,998			5	10,769			12	92,767
19. Unpaid Dec. 31, current year (16+17-18.6)	5	20,788							5	20,788
POLICY EXHIBIT										
20. In force December 31, prior year	992	165,996,226	(a)		1	120,966,453			993	286,962,679
21. Issued during year										
22. Other changes to in force (Net)	(52)	(16,970,018)				(14,452)			(52)	(16,984,470)
23. In force December 31 of current year	940	149,026,208	(a)		1	120,952,001			941	269,978,209

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	172,347	176,465		291,803	292,403
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)	4,638	4,638		7,860	7,860
25.3 Non-renewable for stated reasons only (b)	17,151	17,151			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	21,789	21,789		7,860	7,860
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	194,136	198,253		299,663	300,263

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products22 and number of persons
insured under indemnity only products354 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,733,416		22,565		1,755,981
2. Annuity considerations	916,862				916,862
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	30,693,240		5,876,191		36,569,431
5. Totals (Sum of Lines 1 to 4)	33,343,518		5,898,756		39,242,274
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	67,806				67,806
6.2 Applied to pay renewal premiums	43,463				43,463
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	58,788				58,788
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	170,058				170,058
Annuities:					
7.1 Paid in cash or left on deposit	297				297
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	297				297
8. Grand Totals (Lines 6.5 plus 7.4)	170,355				170,355
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,486,001		60,840		3,546,841
10. Matured endowments	5,000				5,000
11. Annuity benefits	26,225,790		7,985,475		34,211,265
12. Surrender values and withdrawals for life contracts	597,344		4,610		601,954
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	11,728				11,728
15. Totals	30,325,863		8,050,925		38,376,788
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	13,409			4	4,108			7	17,516
17. Incurred during current year	25	3,485,954			9	28,930			34	3,514,885
Settled during current year:										
18.1 By payment in full	25	3,480,513			11	30,400			36	3,510,913
18.2 By payment on compromised claims										
18.3 Totals paid	25	3,480,513			11	30,400			36	3,510,913
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	25	3,480,513			11	30,400			36	3,510,913
19. Unpaid Dec. 31, current year (16+17-18.6)	3	18,850			2	2,638			5	21,488
POLICY EXHIBIT										
20. In force December 31, prior year	1,466	421,669,654	(a)		No. of Policies 51	12,769,970			1,517	434,439,624
21. Issued during year										
22. Other changes to in force (Net)	(74)	(14,255,929)				(395,857)			(74)	(14,651,786)
23. In force December 31 of current year	1,392	407,413,724	(a)		51	12,374,113			1,443	419,787,838

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	395,869	821,441		691,939	695,639
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)	904	904		152	152
25.3 Non-renewable for stated reasons only (b)	478	478			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,381	1,381		152	152
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	397,250	822,822		692,091	695,791

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products291 and number of persons insured under indemnity only products485 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,770,046		26,345		2,796,392
2. Annuity considerations	4,109,959				4,109,959
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	18,270,261		3,445,654		21,715,916
5. Totals (Sum of Lines 1 to 4)	25,150,266		3,472,000		28,622,266
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	110,641		14		110,655
6.2 Applied to pay renewal premiums	105,432				105,432
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	155,708				155,708
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	371,782		14		371,795
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)	371,782		14		371,795
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,154,087		26,777		3,180,864
10. Matured endowments	5,466				5,466
11. Annuity benefits	25,985,901		36,731,424		62,717,325
12. Surrender values and withdrawals for life contracts	2,106,169		131,066		2,237,235
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	7,449				7,449
15. Totals	31,259,073		36,889,266		68,148,339
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	579,309			1	472			9	579,781
17. Incurred during current year	46	3,154,087			12	23,726			58	3,177,814
Settled during current year:										
18.1 By payment in full	44	2,922,861			13	24,198			57	2,947,059
18.2 By payment on compromised claims										
18.3 Totals paid	44	2,922,861			13	24,198			57	2,947,059
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	44	2,922,861			13	24,198			57	2,947,059
19. Unpaid Dec. 31, current year (16+17-18.6)	10	810,535							10	810,535
POLICY EXHIBIT										
20. In force December 31, prior year	3,607	502,383,207	(a)		No. of Policies 4	10,463,844			3,611	512,847,050
21. Issued during year										
22. Other changes to in force (Net)	(168)	(29,186,030)			(1)	(471,932)			(169)	(29,657,961)
23. In force December 31 of current year	3,439	473,197,177	(a)		3	9,991,912			3,442	483,189,089

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	80,692	80,255		14,800	20,400
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)	8,841	8,841		11,435	11,435
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)	8,841	8,841		11,435	11,435
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	89,533	89,097		26,235	31,835

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products224 and number of persons
insured under indemnity only products27



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	33,262,960		9,242,398		42,505,358
2. Annuity considerations	15,150,066		4,221		15,154,288
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	191,839,006		91,808,528		283,647,533
5. Totals (Sum of Lines 1 to 4)	240,252,032		101,055,147		341,307,178
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,094,886		317		1,095,203
6.2 Applied to pay renewal premiums	1,408,283				1,408,283
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,943,544		35		1,943,579
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,446,713		352		4,447,065
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other	109				109
7.4 Totals (Sum of Lines 7.1 to 7.3)	109				109
8. Grand Totals (Lines 6.5 plus 7.4)	4,446,822		352		4,447,174
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	22,417,611		471,151		22,888,763
10. Matured endowments	193,418				193,418
11. Annuity benefits	163,258,586		146,825,783		310,084,368
12. Surrender values and withdrawals for life contracts	27,655,926		169,196		27,825,122
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	196,274		866		197,140
15. Totals	213,721,815		147,466,996		361,188,812
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	48	2,188,106			14	17,143			62	2,205,249
17. Incurred during current year	277	22,402,697			25	304,552			302	22,707,249
Settled during current year:										
18.1 By payment in full	249	20,822,781			34	294,929			283	21,117,710
18.2 By payment on compromised claims										
18.3 Totals paid	249	20,822,781			34	294,929			283	21,117,710
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	249	20,822,781			34	294,929			283	21,117,710
19. Unpaid Dec. 31, current year (16+17-18.6)	76	3,768,021			5	26,766			81	3,794,787
POLICY EXHIBIT										
20. In force December 31, prior year	27,376	5,694,659,741	(a)		No. of Policies 219	167,648,756			27,595	5,862,308,497
21. Issued during year	54	35,235,326			48	96,000,000			102	131,235,326
22. Other changes to in force (Net)	(1,899)	(470,961,869)			(9)	(4,762,532)			(1,908)	(475,724,401)
23. In force December 31 of current year	25,531	5,258,933,198	(a)		258	258,886,223			25,789	5,517,819,421

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,842,151	5,587,727		4,571,526	4,385,566
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)	276	276		2,400	2,400
25.2 Guaranteed renewable (b)	46,011	46,011		26,811	26,811
25.3 Non-renewable for stated reasons only (b)	464	464			
25.4 Other accident only					
25.5 All other (b)	190	190			
25.6 Totals (sum of Lines 25.1 to 25.5)	46,940	46,940		29,211	29,211
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,889,091	5,634,667		4,600,736	4,414,776

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,888 and number of persons
insured under indemnity only products773 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 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. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various individual policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 17 and number of persons insured under indemnity only products 201



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	96,083,705		3,809,866		99,893,571
2. Annuity considerations	49,561,790		152,620		49,714,410
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	651,306,610		351,885,848		1,003,192,458
5. Totals (Sum of Lines 1 to 4)	796,952,105		355,848,334		1,152,800,439
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,882,887		171		1,883,058
6.2 Applied to pay renewal premiums	1,779,836		75		1,779,911
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,088,995		40		4,089,035
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	7,751,719		286		7,752,005
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)	7,751,719		286		7,752,005
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	50,234,781		4,309,333		54,544,114
10. Matured endowments	175,203				175,203
11. Annuity benefits	624,338,220		513,406,894		1,137,745,115
12. Surrender values and withdrawals for life contracts	63,520,476		7,279,281		70,799,757
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	595,178		23,740		618,918
15. Totals	738,863,858		525,019,248		1,263,883,106
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	181	9,260,090			37	77,291			218	9,337,381
17. Incurred during current year	992	50,199,650			74	3,858,505			1,066	54,058,155
Settled during current year:										
18.1 By payment in full	1,005	54,786,629			90	3,888,095			1,095	58,674,724
18.2 By payment on compromised claims										
18.3 Totals paid	1,005	54,786,629			90	3,888,095			1,095	58,674,724
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,005	54,786,629			90	3,888,095			1,095	58,674,724
19. Unpaid Dec. 31, current year (16+17-18.6)	168	4,673,111			21	47,700			189	4,720,812
POLICY EXHIBIT										
20. In force December 31, prior year	86,666	14,402,294,189	(a)		No. of Policies 2,365	1,381,579,803			89,031	15,783,873,991
21. Issued during year	3,064	635,917,423							3,064	635,917,423
22. Other changes to in force (Net)	(6,208)	(1,098,603,075)			(160)	(38,876,355)			(6,368)	(1,137,479,430)
23. In force December 31 of current year	83,522	13,939,608,537	(a)		2,205	1,342,703,448			85,727	15,282,311,984

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	12,090,950	9,672,740		6,848,146	7,468,246
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	177	177			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	1,026,398	1,026,398		3,565,849	3,565,874
25.2 Guaranteed renewable (b)	368,181	368,181		437,924	437,924
25.3 Non-renewable for stated reasons only (b)	43,060	43,060			
25.4 Other accident only					
25.5 All other (b)	364	364			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,438,003	1,438,003		4,003,774	4,003,798
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,529,130	11,110,920		10,851,920	11,472,044

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6,518 and number of persons insured under indemnity only products929 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	51,224,397		62,102,742		113,327,139
2. Annuity considerations	9,570,990				9,570,990
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	95,665,952		18,886,079		114,552,031
5. Totals (Sum of Lines 1 to 4)	156,461,339		80,988,821		237,450,160
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,189,564		5,379		1,194,943
6.2 Applied to pay renewal premiums	656,852				656,852
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,672,199		31		1,672,230
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,518,616		5,410		3,524,026
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	3,518,616		5,410		3,524,026
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	22,951,057		467,939		23,418,996
10. Matured endowments	100,713				100,713
11. Annuity benefits	134,707,813		40,450,108		175,157,920
12. Surrender values and withdrawals for life contracts	31,193,055		49,830		31,242,885
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	368,777				368,777
15. Totals	189,321,415		40,967,876		230,289,291
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	47	1,123,719			3	9,900			50	1,133,620
17. Incurred during current year	687	22,769,497			10	30,109			697	22,799,606
Settled during current year:										
18.1 By payment in full	678	23,029,400			11	36,327			689	23,065,727
18.2 By payment on compromised claims										
18.3 Totals paid	678	23,029,400			11	36,327			689	23,065,727
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	678	23,029,400			11	36,327			689	23,065,727
19. Unpaid Dec. 31, current year (16+17-18.6)	56	863,816			2	3,682			58	867,498
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	59,359	6,546,213,630	(a)		479	1,102,718,039			59,838	7,648,931,668
21. Issued during year	160	116,917,570			168	244,479,583			328	361,397,153
22. Other changes to in force (Net)	(3,559)	(425,142,444)			(1)	13,825,498			(3,560)	(411,316,946)
23. In force December 31 of current year	55,960	6,237,988,755	(a)		646	1,361,023,120			56,606	7,599,011,875

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,742,972	11,122,635		9,293,670	9,185,463
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)	48,845	48,845		108,510	108,510
25.2 Guaranteed renewable (b)	838,569	838,569		958,696	958,696
25.3 Non-renewable for stated reasons only (b)	34,059	34,059	15		
25.4 Other accident only					
25.5 All other (b)				112	112
25.6 Totals (sum of Lines 25.1 to 25.5)	921,474	921,474	15	1,067,318	1,067,318
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,664,535	12,044,198	15	10,360,988	10,252,780

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products113 and number of persons insured under indemnity only products1,290 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 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. Rows include Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Program, and Medicare Title XVIII exempt from state taxes or fees.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 53



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	38,567,623		43,936,410		82,504,033
2. Annuity considerations	30,334,525		(92,287)		30,242,238
3. Deposit-type contract funds	25,000,000	XXX		XXX	25,000,000
4. Other considerations	283,280,655		272,189,093		555,469,748
5. Totals (Sum of Lines 1 to 4)	377,182,803		316,033,216		693,216,019
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,762,353		8,277		1,770,630
6.2 Applied to pay renewal premiums	900,704				900,704
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,215,322		14		2,215,335
6.4 Other	(10,816,905)		428		(10,816,477)
6.5 Totals (Sum of Lines 6.1 to 6.4)	(5,938,526)		8,718		(5,929,808)
Annuities:					
7.1 Paid in cash or left on deposit	364				364
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	364				364
8. Grand Totals (Lines 6.5 plus 7.4)	(5,938,162)		8,718		(5,929,444)
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	43,381,269		9,256,416		52,637,685
10. Matured endowments	339,688				339,688
11. Annuity benefits	231,401,465		379,970,929		611,372,394
12. Surrender values and withdrawals for life contracts	24,801,900		8,112		24,810,011
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	224,764		119,357		344,121
15. Totals	300,149,085		389,354,814		689,503,899
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	161	11,519,814			13	331,351			174	11,851,165
17. Incurred during current year	1,460	43,266,526			9	16,820			1,469	43,283,346
Settled during current year:										
18.1 By payment in full	1,420	43,478,884			9	20,698			1,429	43,499,581
18.2 By payment on compromised claims										
18.3 Totals paid	1,420	43,478,884			9	20,698			1,429	43,499,581
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,420	43,478,884			9	20,698			1,429	43,499,581
19. Unpaid Dec. 31, current year (16+17-18.6)	201	11,307,457			13	327,473			214	11,634,930
POLICY EXHIBIT										
20. In force December 31, prior year	99,344	9,686,290,808	(a)		No. of Policies 566	5,042,032,538			99,910	14,728,323,346
21. Issued during year	23	14,334,197			15	39,000,000			38	53,334,197
22. Other changes to in force (Net)	(5,274)	(375,204,256)			(19)	(11,408,756)			(5,293)	(386,613,012)
23. In force December 31 of current year	94,093	9,325,420,749	(a)		562	5,069,623,782			94,655	14,395,044,531

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	12,606,616	13,685,223	664,656	7,052,702	6,447,774
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	215	808			(347)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	340	7,574			(2,706)
25.2 Guaranteed renewable (b)	1,740,885	1,845,807		1,093,762	1,231,873
25.3 Non-renewable for stated reasons only (b)					51,787
25.4 Other accident only					
25.5 All other (b)	(2,156)	(2,156)		7,200	7,075
25.6 Totals (sum of Lines 25.1 to 25.5)	1,739,069	1,851,225		1,100,962	1,288,030
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,345,900	15,537,256	664,656	8,153,664	7,735,457

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products779 and number of persons insured under indemnity only products1,760 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma
 NAIC Group Code 0140

DURING THE YEAR 2012
 NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,684,877		58,974		1,743,851
2. Annuity considerations	2,931,109		63,894		2,995,003
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	23,775,093		37,898,297		61,673,390
5. Totals (Sum of Lines 1 to 4)	28,391,079		38,021,165		66,412,244
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	49,108				49,108
6.2 Applied to pay renewal premiums	43,245				43,245
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	137,547		6		137,553
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	229,899		6		229,906
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	229,899		6		229,906
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,684,979		154,978		1,839,957
10. Matured endowments	2,143				2,143
11. Annuity benefits	30,306,828		47,343,538		77,650,366
12. Surrender values and withdrawals for life contracts	1,658,691		19,738		1,678,429
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	6,866				6,866
15. Totals	33,659,507		47,518,254		81,177,761
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	11,268			8	10,984			12	22,252
17. Incurred during current year	30	1,670,782			8	48,978			38	1,719,760
Settled during current year:										
18.1 By payment in full	28	1,656,967			10	34,403			38	1,691,369
18.2 By payment on compromised claims										
18.3 Totals paid	28	1,656,967			10	34,403			38	1,691,369
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	28	1,656,967			10	34,403			38	1,691,369
19. Unpaid Dec. 31, current year (16+17-18.6)	6	25,083			6	25,559			12	50,642
POLICY EXHIBIT										
20. In force December 31, prior year	1,532	212,328,989	(a)		No. of Policies 22	12,328,284			1,554	224,657,273
21. Issued during year	1	675,000							1	675,000
22. Other changes to in force (Net)	(84)	(10,926,596)				(73,162)			(84)	(10,999,758)
23. In force December 31 of current year	1,449	202,077,393	(a)		22	12,255,122			1,471	214,332,515

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	958,157	930,999		362,692	328,892
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	166	166			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,464	14,464		11,413	11,413
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)	14,464	14,464		11,413	11,413
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	972,787	945,630		374,106	340,306

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products17 and number of persons insured under indemnity only products401 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,757,109		26,655		1,783,764
2. Annuity considerations	5,120,366				5,120,366
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	43,450,339		29,751,130		73,201,469
5. Totals (Sum of Lines 1 to 4)	50,327,814		29,777,785		80,105,599
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	132,430				132,430
6.2 Applied to pay renewal premiums	111,736		12		111,748
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	147,973				147,973
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	392,139		12		392,151
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)	392,139		12		392,151
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,512,949		63,353		4,576,302
10. Matured endowments	8,325				8,325
11. Annuity benefits	63,692,033		31,374,687		95,066,720
12. Surrender values and withdrawals for life contracts	2,717,021		2,078		2,719,100
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	24,187				24,187
15. Totals	70,954,516		31,440,118		102,394,634
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	34,868							5	34,868
17. Incurred during current year	37	4,509,950			3	17,073			40	4,527,023
Settled during current year:										
18.1 By payment in full	35	4,516,659			3	17,073			38	4,533,732
18.2 By payment on compromised claims										
18.3 Totals paid	35	4,516,659			3	17,073			38	4,533,732
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	35	4,516,659			3	17,073			38	4,533,732
19. Unpaid Dec. 31, current year (16+17-18.6)	7	28,158							7	28,158
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,541	439,893,937	(a)		2	40,979,893			2,543	480,873,830
21. Issued during year										
22. Other changes to in force (Net)	(149)	(28,287,016)			37	48,848,129			(112)	20,561,113
23. In force December 31 of current year	2,392	411,606,921	(a)		39	89,828,022			2,431	501,434,943

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	667,610	673,059		247,512	258,012
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)	19,934	19,934		21,798	21,798
25.3 Non-renewable for stated reasons only (b)	1,170	1,170			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	21,103	21,103		21,798	21,798
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	688,714	694,163		269,310	279,810

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products38 and number of persons
 insured under indemnity only products385 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	103,730,412		26,780,988		130,511,400
2. Annuity considerations	50,261,492		43,890		50,305,383
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	317,973,825		50,550,802		368,524,628
5. Totals (Sum of Lines 1 to 4)	471,965,729		77,375,681		549,341,410
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3,819,113		113		3,819,226
6.2 Applied to pay renewal premiums	2,356,786		50		2,356,836
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,623,076		64		4,623,140
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	10,798,975		227		10,799,202
Annuities:					
7.1 Paid in cash or left on deposit	4,223				4,223
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	4,223				4,223
8. Grand Totals (Lines 6.5 plus 7.4)	10,803,198		227		10,803,425
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	60,654,951		1,743,211		62,398,161
10. Matured endowments	347,008				347,008
11. Annuity benefits	274,919,393		99,292,827		374,212,220
12. Surrender values and withdrawals for life contracts	47,739,223		29,599		47,768,823
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	646,107				646,107
15. Totals	384,306,682		101,065,637		485,372,320
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	151	6,841,015			17	32,810			168	6,873,825
17. Incurred during current year	1,789	63,760,441			(686)	(2,311,186)			1,103	61,449,255
Settled during current year:										
18.1 By payment in full	1,746	62,585,817			(679)	(2,361,759)			1,067	60,224,058
18.2 By payment on compromised claims										
18.3 Totals paid	1,746	62,585,817			(679)	(2,361,759)			1,067	60,224,058
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,746	62,585,817			(679)	(2,361,759)			1,067	60,224,058
19. Unpaid Dec. 31, current year (16+17-18.6)	194	8,015,640			10	83,382			204	8,099,022
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	123,439	10,076,580,036	(a)		509	1,022,730,914			123,948	11,099,310,951
21. Issued during year	239	198,065,590							239	198,065,590
22. Other changes to in force (Net)	(6,939)	(634,964,654)				(1,446,423)			(6,939)	(636,411,077)
23. In force December 31 of current year	116,739	9,639,680,972	(a)		509	1,021,284,491			117,248	10,660,965,464

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,752,673	8,355,956		4,756,391	4,762,718
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)				47,117	47,117
25.2 Guaranteed renewable (b)	981,646	981,646		969,426	969,426
25.3 Non-renewable for stated reasons only (b)	2,472	2,472		1,850	1,850
25.4 Other accident only					
25.5 All other (b)	149	149		591	591
25.6 Totals (sum of Lines 25.1 to 25.5)	984,267	984,267		1,018,982	1,018,982
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,736,941	9,340,224		5,775,373	5,781,700

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,087 and number of persons
insured under indemnity only products2,426 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,413,602		15,713		4,429,314
2. Annuity considerations	2,377,061				2,377,061
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	21,706,974		3,933,701		25,640,676
5. Totals (Sum of Lines 1 to 4)	28,497,637		3,949,414		32,447,051
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	220,121				220,121
6.2 Applied to pay renewal premiums	167,634				167,634
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	303,985				303,985
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	691,740				691,740
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)	691,740				691,740
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,705,562		37,628		8,743,190
10. Matured endowments	24,824				24,824
11. Annuity benefits	27,826,098		12,727,014		40,553,112
12. Surrender values and withdrawals for life contracts	1,846,720				1,846,720
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	55,308				55,308
15. Totals	38,458,512		12,764,642		51,223,154
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	31,731			1	2,289			8	34,021
17. Incurred during current year	75	8,705,562			1	3,808			76	8,709,370
Settled during current year:										
18.1 By payment in full	74	3,232,435			1	1,237			75	3,233,672
18.2 By payment on compromised claims										
18.3 Totals paid	74	3,232,435			1	1,237			75	3,233,672
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	74	3,232,435			1	1,237			75	3,233,672
19. Unpaid Dec. 31, current year (16+17-18.6)	8	5,504,859			1	4,860			9	5,509,719
POLICY EXHIBIT										
20. In force December 31, prior year	7,197	731,544,686	(a)		No. of Policies 10	9,481,978			7,207	741,026,664
21. Issued during year										
22. Other changes to in force (Net)	(410)	(51,848,016)				(1,750)			(410)	(51,849,766)
23. In force December 31 of current year	6,787	679,696,670	(a)		10	9,480,228			6,797	689,176,898

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	17,557,375	16,229,791		12,622,404	13,079,104
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)	12,122	12,122			
25.2 Guaranteed renewable (b)	59,592	59,592		98,120	98,120
25.3 Non-renewable for stated reasons only (b)	114	114			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	71,828	71,828		98,120	98,120
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,629,203	16,301,619		12,720,525	13,177,225

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6,187 and number of persons
 insured under indemnity only products92



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 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. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various individual policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 27 and number of persons insured under indemnity only products 810



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 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. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 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, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 12 and number of persons insured under indemnity only products 92



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,307,055		336,400		8,643,455
2. Annuity considerations	9,440,973		1		9,440,974
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	81,770,783		57,145,649		138,916,432
5. Totals (Sum of Lines 1 to 4)	99,518,811		57,482,050		157,000,861
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	319,709		40		319,749
6.2 Applied to pay renewal premiums	316,287		29		316,317
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	601,211				601,211
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,237,207		69		1,237,276
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,237,207		69		1,237,276
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,816,947		576,937		6,393,884
10. Matured endowments	10,932				10,932
11. Annuity benefits	80,872,001		66,107,898		146,979,899
12. Surrender values and withdrawals for life contracts	5,055,436		101		5,055,537
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	89,761				89,761
15. Totals	91,845,076		66,684,937		158,530,013
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	26	279,092			9	9,050			35	288,142
17. Incurred during current year	169	5,806,425			3	14,145			172	5,820,570
Settled during current year:										
18.1 By payment in full	181	5,928,845			12	23,196			193	5,952,040
18.2 By payment on compromised claims										
18.3 Totals paid	181	5,928,845			12	23,196			193	5,952,040
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	181	5,928,845			12	23,196			193	5,952,040
19. Unpaid Dec. 31, current year (16+17-18.6)	14	156,672							14	156,672
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	12,243	1,352,857,529	(a)		291	339,348,195			12,534	1,692,205,724
21. Issued during year	13	10,711,703							13	10,711,703
22. Other changes to in force (Net)	(688)	(136,009,525)				(110,632)			(688)	(136,120,157)
23. In force December 31 of current year	11,568	1,227,559,707	(a)		291	339,237,564			11,859	1,566,797,270

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,006,534	1,992,460		694,848	687,348
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)	182,549	182,549		43,752	43,752
25.3 Non-renewable for stated reasons only (b)	958	958			
25.4 Other accident only					
25.5 All other (b)				(77)	(77)
25.6 Totals (sum of Lines 25.1 to 25.5)	183,507	183,507		43,675	43,675
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,190,042	2,175,967		738,523	731,023

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products29 and number of persons
insured under indemnity only products1,305 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	31,370,916		6,624,051		37,994,967
2. Annuity considerations	20,787,468				20,787,468
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	233,420,583		177,983,173		411,403,756
5. Totals (Sum of Lines 1 to 4)	285,578,967		184,607,224		470,186,190
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	708,196				708,196
6.2 Applied to pay renewal premiums	639,639				639,639
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,580,969		23		1,580,993
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,928,804		23		2,928,828
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,928,804		23		2,928,828
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,581,217		977,912		21,559,129
10. Matured endowments	45,445				45,445
11. Annuity benefits	269,739,002		249,823,956		519,562,958
12. Surrender values and withdrawals for life contracts	25,567,267		864,928		26,432,195
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	69,132				69,132
15. Totals	316,002,064		251,666,796		567,668,859
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	45	3,701,869			3	6,356			48	3,708,224
17. Incurred during current year	257	20,379,916			10	196,009			267	20,575,925
Settled during current year:										
18.1 By payment in full	230	20,412,691			12	25,638			242	20,438,329
18.2 By payment on compromised claims										
18.3 Totals paid	230	20,412,691			12	25,638			242	20,438,329
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	230	20,412,691			12	25,638			242	20,438,329
19. Unpaid Dec. 31, current year (16+17-18.6)	72	3,669,094			1	176,726			73	3,845,820
POLICY EXHIBIT										
20. In force December 31, prior year	24,057	5,782,257,714	(a)		No. of Policies 451	941,806,476			24,508	6,724,064,191
21. Issued during year	31	23,154,111			18	8,141,364			49	31,295,475
22. Other changes to in force (Net)	(1,291)	(358,883,187)			(4)	(7,444,540)			(1,295)	(366,327,728)
23. In force December 31 of current year	22,797	5,446,528,638	(a)		465	942,503,300			23,262	6,389,031,938

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,365,134	7,315,600		3,953,654	3,907,054
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)	63,668	63,668		124,514	124,514
25.3 Non-renewable for stated reasons only (b)	131	131			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	63,799	63,799		124,514	124,514
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,429,241	7,379,706		4,078,168	4,031,568

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products156 and number of persons
 insured under indemnity only products3,883 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 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. Rows include Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Program, and Medicare Title XVIII exempt from state taxes or fees.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 44 and number of persons insured under indemnity only products 284



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0140

DURING THE YEAR 2012
NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,799,579		6,399		1,805,979
2. Annuity considerations	1,082,089				1,082,089
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	11,904,983		1,552,420		13,457,404
5. Totals (Sum of Lines 1 to 4)	14,786,652		1,558,820		16,345,472
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	121,025		6		121,031
6.2 Applied to pay renewal premiums	180,382				180,382
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	203,680				203,680
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	505,086		6		505,093
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)	505,086		6		505,093
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,151,371		22,485		1,173,856
10. Matured endowments	24,357				24,357
11. Annuity benefits	11,573,492		4,041,027		15,614,519
12. Surrender values and withdrawals for life contracts	3,281,053		2,588		3,283,641
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	12,789				12,789
15. Totals	16,043,062		4,066,100		20,109,161
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.6	10,274			.1	1,199			.7	11,473
17. Incurred during current year	58	1,151,372			(1)	(1,199)			57	1,150,173
Settled during current year:										
18.1 By payment in full	55	1,135,074							55	1,135,074
18.2 By payment on compromised claims										
18.3 Totals paid	55	1,135,074							55	1,135,074
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	55	1,135,074							55	1,135,074
19. Unpaid Dec. 31, current year (16+17-18.6)	9	26,571							9	26,571
POLICY EXHIBIT										
20. In force December 31, prior year	4,510	281,292,382	(a)		No. of Policies 2	4,348,839			4,512	285,641,221
21. Issued during year	1	510,000							1	510,000
22. Other changes to in force (Net)	(269)	(25,711,872)				(2,643)			(269)	(25,714,515)
23. In force December 31 of current year	4,242	256,090,510	(a)		2	4,346,196			4,244	260,436,706

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,298,588	4,519,451		2,812,376	3,016,376
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)	11,535	11,535			
25.2 Guaranteed renewable (b)	36,608	36,608		12,768	12,768
25.3 Non-renewable for stated reasons only (b)	1,781	1,781			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	49,923	49,923		12,768	12,768
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,348,511	4,569,374		2,825,144	3,029,144

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,332 and number of persons
insured under indemnity only products18 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0140

LIFE INSURANCE

DURING THE YEAR 2012
NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	23,352,770		238,105		23,590,875
2. Annuity considerations	11,781,186				11,781,186
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	76,694,654		30,177,238		106,871,892
5. Totals (Sum of Lines 1 to 4)	111,828,611		30,415,343		142,243,954
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	912,656		69		912,725
6.2 Applied to pay renewal premiums	488,508				488,508
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,241,049				1,241,049
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,642,213		69		2,642,282
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,642,213		69		2,642,282
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,454,355		867,211		16,321,566
10. Matured endowments	48,685				48,685
11. Annuity benefits	83,318,758		54,069,559		137,388,317
12. Surrender values and withdrawals for life contracts	16,304,996		16,282		16,321,278
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	266,830				266,830
15. Totals	115,393,624		54,953,052		170,346,675
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	72	2,222,205			7	11,957			79	2,234,162
17. Incurred during current year	501	15,470,436			14	51,870			515	15,522,307
Settled during current year:										
18.1 By payment in full	527	16,736,775			21	63,827			548	16,800,602
18.2 By payment on compromised claims										
18.3 Totals paid	527	16,736,775			21	63,827			548	16,800,602
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	527	16,736,775			21	63,827			548	16,800,602
19. Unpaid Dec. 31, current year (16+17-18.6)	46	955,866							46	955,866
POLICY EXHIBIT										
20. In force December 31, prior year	44,654	4,007,437,096	(a)		11	280,355,956			44,665	4,287,793,052
21. Issued during year	7	3,588,252							7	3,588,252
22. Other changes to in force (Net)	(2,496)	(279,248,000)			1	(1,039,714)			(2,495)	(280,287,714)
23. In force December 31 of current year	42,165	3,731,777,348	(a)		12	279,316,242			42,177	4,011,093,590

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,130,843	2,922,309		1,415,709	1,495,009
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)	702,269	702,269		708,284	708,284
25.3 Non-renewable for stated reasons only (b)	2,962	2,962		166	166
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	706,785	706,785		708,450	708,450
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,838,907	3,630,373		2,124,158	2,203,458

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products203 and number of persons
insured under indemnity only products947



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,849,581		81,131		3,930,712
2. Annuity considerations	9,945,058				9,945,058
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	83,508,358		47,332,789		130,841,146
5. Totals (Sum of Lines 1 to 4)	97,302,996		47,413,919		144,716,916
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	167,311		10		167,321
6.2 Applied to pay renewal premiums	140,371				140,371
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	244,141		29		244,170
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	551,823		39		551,862
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	551,823		39		551,862
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,678,087		61,079		1,739,166
10. Matured endowments	3,959				3,959
11. Annuity benefits	83,696,046		69,614,206		153,310,252
12. Surrender values and withdrawals for life contracts	7,779,688		4,102		7,783,790
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	7,206				7,206
15. Totals	93,164,987		69,679,387		162,844,373
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	15	408,744							15	408,744
17. Incurred during current year	50	1,677,664			7	19,341			57	1,697,005
Settled during current year:										
18.1 By payment in full	52	2,021,383			5	12,491			57	2,033,874
18.2 By payment on compromised claims										
18.3 Totals paid	52	2,021,383			5	12,491			57	2,033,874
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	52	2,021,383			5	12,491			57	2,033,874
19. Unpaid Dec. 31, current year (16+17-18.6)	13	65,025			2	6,850			15	71,875
POLICY EXHIBIT										
20. In force December 31, prior year	3,833	663,435,301	(a)		No. of Policies 5	45,853,695			3,838	709,288,996
21. Issued during year	1	3,610,116							1	3,610,116
22. Other changes to in force (Net)	(175)	(62,613,260)			(2)	(447,090)			(177)	(63,060,350)
23. In force December 31 of current year	3,659	604,432,157	(a)		3	45,406,605			3,662	649,838,763

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,254,648	2,253,184		1,393,603	1,729,472
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	293	293			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,078	11,078		(217)	(217)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,078	11,078		(217)	(217)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,266,019	2,264,555		1,393,386	1,729,255

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products86 and number of persons insured under indemnity only products539 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,432,771		23,604		6,456,376
2. Annuity considerations	4,470,380		29,915		4,500,295
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	29,772,455		4,362,499		34,134,954
5. Totals (Sum of Lines 1 to 4)	40,675,606		4,416,019		45,091,625
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	318,985				318,985
6.2 Applied to pay renewal premiums	80,449				80,449
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	340,966				340,966
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	740,400				740,400
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)	740,400				740,400
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,159,133		108,729		4,267,862
10. Matured endowments	82,053				82,053
11. Annuity benefits	20,522,369		6,911,283		27,433,652
12. Surrender values and withdrawals for life contracts	3,880,970		1,162		3,882,132
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	160,712				160,712
15. Totals	28,805,236		7,021,174		35,826,411
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	20	237,127							20	237,127
17. Incurred during current year	214	4,044,121			6	29,489			220	4,073,610
Settled during current year:										
18.1 By payment in full	210	3,908,848			5	27,841			215	3,936,689
18.2 By payment on compromised claims										
18.3 Totals paid	210	3,908,848			5	27,841			215	3,936,689
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	210	3,908,848			5	27,841			215	3,936,689
19. Unpaid Dec. 31, current year (16+17-18.6)	24	372,400			1	1,648			25	374,048
POLICY EXHIBIT										
20. In force December 31, prior year	15,930	838,903,514	(a)		No. of Policies	50,122,470			15,930	889,025,984
21. Issued during year	1	668,000							1	668,000
22. Other changes to in force (Net)	(866)	(61,477,638)				(58,730)			(866)	(61,536,369)
23. In force December 31 of current year	15,065	778,093,876	(a)			50,063,740			15,065	828,157,616

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	832,692	835,573		416,973	385,673
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)	593,628	593,628		443,244	443,244
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)	593,628	593,628		443,244	443,244
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,426,320	1,429,200		860,218	828,918

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products27 and number of persons
 insured under indemnity only products477 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,170,458		28,496		2,198,954
2. Annuity considerations	5,843,646		2		5,843,648
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	68,815,758		84,945,767		153,761,525
5. Totals (Sum of Lines 1 to 4)	76,829,862		84,974,265		161,804,127
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	129,432		12		129,445
6.2 Applied to pay renewal premiums	155,452				155,452
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	388,722				388,722
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	673,606		12		673,619
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)	673,606		12		673,619
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,858,751		74,090		2,932,841
10. Matured endowments	2,893				2,893
11. Annuity benefits	63,979,954		165,628,440		229,608,394
12. Surrender values and withdrawals for life contracts	2,700,841		15,123		2,715,964
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	6,925				6,925
15. Totals	69,549,363		165,717,653		235,267,016
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	44,627			5	7,428			12	52,055
17. Incurred during current year	56	2,517,557			12	25,090			68	2,542,647
Settled during current year:										
18.1 By payment in full	49	1,755,223			14	28,660			63	1,783,883
18.2 By payment on compromised claims										
18.3 Totals paid	49	1,755,223			14	28,660			63	1,783,883
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	49	1,755,223			14	28,660			63	1,783,883
19. Unpaid Dec. 31, current year (16+17-18.6)	14	806,960			3	3,858			17	810,818
POLICY EXHIBIT										
20. In force December 31, prior year	5,816	511,611,486	(a)		No. of Policies 61	101,938,416			5,877	613,549,902
21. Issued during year										
22. Other changes to in force (Net)	(237)	(36,615,426)				(238,959)			(237)	(36,854,384)
23. In force December 31 of current year	5,579	474,996,060	(a)		61	101,699,457			5,640	576,695,517

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	999,450	1,014,698		585,725	577,601
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	747	747		2,745	2,745
25.6 Totals (sum of Lines 25.1 to 25.5)	747	747		2,745	2,745
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,000,198	1,015,446		588,470	580,346

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products53 and number of persons insured under indemnity only products490 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,373,716		8,443		1,382,159
2. Annuity considerations	96,181				96,181
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	2,179,868		288,959		2,468,827
5. Totals (Sum of Lines 1 to 4)	3,649,765		297,402		3,947,167
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	13,682				13,682
6.2 Applied to pay renewal premiums	15,862				15,862
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	8,317				8,317
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	37,860				37,860
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	37,860				37,860
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	120,381		4,948		125,329
10. Matured endowments					
11. Annuity benefits	3,132,380		1,200,935		4,333,315
12. Surrender values and withdrawals for life contracts	330,652				330,652
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	2				2
15. Totals	3,583,415		1,205,883		4,789,298
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					.1	1,241			.1	1,241
17. Incurred during current year	.6	120,381			.1	4,948			.7	125,329
Settled during current year:										
18.1 By payment in full	.4	112,120			.1	3,000			.5	115,120
18.2 By payment on compromised claims										
18.3 Totals paid	.4	112,120			.1	3,000			.5	115,120
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	.4	112,120			.1	3,000			.5	115,120
19. Unpaid Dec. 31, current year (16+17-18.6)	2	8,261			1	3,189			3	11,450
POLICY EXHIBIT										
20. In force December 31, prior year	405	40,892,358	(a)			1,064,343			405	41,956,701
21. Issued during year	20	19,834,556							20	19,834,556
22. Other changes to in force (Net)	(.19)	(166,498)				(22,999)			(.19)	(189,497)
23. In force December 31 of current year	406	60,560,416	(a)			1,041,344			406	61,601,760

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	346,419	340,102		974,027	977,527
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	252	252		312	312
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		312	312
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	346,671	340,353		974,339	977,839

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products8 and number of persons
 insured under indemnity only products52 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	60,453				60,453
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	60,453				60,453
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,124				1,124
6.2 Applied to pay renewal premiums	1,511				1,511
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3				3
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,638				2,638
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,638				2,638
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	63,026				63,026
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	63,026				63,026
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	43	14,905,041	(a)		No. of Policies				43	14,905,041
21. Issued during year										
22. Other changes to in force (Net)	3	203,422							3	203,422
23. In force December 31 of current year	46	15,108,463	(a)						46	15,108,463

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,590				1,590
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	7,484,510		83,688		7,568,198
5. Totals (Sum of Lines 1 to 4)	7,486,101		83,688		7,569,789
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	1,053,767		241,857		1,295,624
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	1,053,767		241,857		1,295,624
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	1	59,304	(a)		No. of Policies				1	59,304
21. Issued during year										
22. Other changes to in force (Net)	1	25,075							1	25,075
23. In force December 31 of current year	2	84,379	(a)						2	84,379

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 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. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various individual policy types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 17 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	441,920		20		441,939
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	1,016,420		653,204		1,669,625
5. Totals (Sum of Lines 1 to 4)	1,458,340		653,224		2,111,564
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,651				1,651
6.2 Applied to pay renewal premiums	679				679
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	7,999				7,999
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	10,329				10,329
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)	10,329				10,329
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	192,554		3,566,248		3,758,801
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	192,554		3,566,248		3,758,801
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	40	3,169,368	(a)		No. of Policies				40	3,169,368
21. Issued during year										
22. Other changes to in force (Net)	(4)	(353,251)							(4)	(353,251)
23. In force December 31 of current year	36	2,816,117	(a)						36	2,816,117

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,820	8,730		1,159	1,159
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,820	8,730		1,159	1,159

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



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Deposit-type contract funds, Other considerations, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1 No., 2 Amount), Credit Life (3 No. of Ind.Pols. & Gr. Certifs., 4 Amount), Group (5 No. of Certifs., 6 Amount), Industrial (7 No., 8 Amount), Total (9 No., 10 Amount). Rows include Unpaid December 31, Incurred during current year, POLICY EXHIBIT.

(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

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Program premium (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	84,631				84,631
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations			3,423		3,423
5. Totals (Sum of Lines 1 to 4)	84,631		3,423		88,053
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	15,773				15,773
6.2 Applied to pay renewal premiums	13,768				13,768
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	11,362				11,362
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	40,902				40,902
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	40,902				40,902
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	24,162		40,000		64,162
10. Matured endowments					
11. Annuity benefits	222,845		1,651		224,496
12. Surrender values and withdrawals for life contracts	92,188				92,188
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	241				241
15. Totals	339,435		41,651		381,087
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	4	24,162							4	24,162
Settled during current year:										
18.1 By payment in full	1	12,162							1	12,162
18.2 By payment on compromised claims										
18.3 Totals paid	1	12,162							1	12,162
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	12,162							1	12,162
19. Unpaid Dec. 31, current year (16+17-18.6)	3	12,000							3	12,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	196	45,560,923	(a)		2	47,787			198	45,608,710
21. Issued during year										
22. Other changes to in force (Net)	9	1,336,988							9	1,336,988
23. In force December 31 of current year	205	46,897,911	(a)		2	47,787			207	46,945,698

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	(1,298)	(1,298)			
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)	(1,298)	(1,298)			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(1,298)	(1,298)			

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



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	905,580		2,721		908,301
2. Annuity considerations	(262,623)				(262,623)
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	138,099		(2,646)		135,453
5. Totals (Sum of Lines 1 to 4)	781,056		74		781,131
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	58,601				58,601
6.2 Applied to pay renewal premiums	66,244				66,244
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	126,632		14		126,647
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	251,477		14		251,492
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)	251,477		14		251,492
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	(397,356)		2,674		(394,682)
10. Matured endowments	39,617				39,617
11. Annuity benefits	457,438		4,446		461,884
12. Surrender values and withdrawals for life contracts	3,001,988				3,001,988
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	12,178				12,178
15. Totals	3,113,865		7,120		3,120,985
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	841,007			1	1,186			6	842,193
17. Incurred during current year Settled during current year:	5	(512,154)			(1)	(1,186)			4	(513,340)
18.1 By payment in full	3	59,077							3	59,077
18.2 By payment on compromised claims										
18.3 Totals paid	3	59,077							3	59,077
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	59,077							3	59,077
19. Unpaid Dec. 31, current year (16+17-18.6)	7	269,776							7	269,776
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	821	110,994,112	(a)		2	2,400,855			823	113,394,967
21. Issued during year										
22. Other changes to in force (Net)	(49)	(7,570,460)				(7,546)			(49)	(7,578,006)
23. In force December 31 of current year	772	103,423,652	(a)		2	2,393,309			774	105,816,961

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,930	1,930		3,400	3,400
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)				4,913	4,913
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,930	1,930		8,313	8,313

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2012

NAIC Group Code 0140

LIFE INSURANCE

NAIC Company Code 66869

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	740,131,726		574,070,105		1,314,201,831
2. Annuity considerations	499,104,532		1,015,023		500,119,555
3. Deposit-type contract funds	25,000,000	XXX		XXX	25,000,000
4. Other considerations	4,691,478,743		3,229,514,191		7,920,992,934
5. Totals (Sum of Lines 1 to 4)	5,955,715,001		3,804,599,319		9,760,314,320
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	20,930,339		841,261		21,771,600
6.2 Applied to pay renewal premiums	16,302,397		308		16,302,705
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	33,202,372		811		33,203,183
6.4 Other	(10,816,905)		428		(10,816,477)
6.5 Totals (Sum of Lines 6.1 to 6.4)	59,618,203		842,807		60,461,010
Annuities:					
7.1 Paid in cash or left on deposit	5,618				5,618
7.2 Applied to provide paid-up annuities					
7.3 Other	467				467
7.4 Totals (Sum of Lines 7.1 to 7.3)	6,085				6,085
8. Grand Totals (Lines 6.5 plus 7.4)	59,624,288		842,807		60,467,095
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	439,707,677		73,223,399		512,931,076
10. Matured endowments	2,335,489				2,335,489
11. Annuity benefits	4,617,648,360		4,522,300,134		9,139,948,494
12. Surrender values and withdrawals for life contracts	606,240,526		72,724,983		678,965,509
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	4,244,340		143,964		4,388,303
15. Totals	5,670,176,392		4,668,392,480		10,338,568,872
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1,310	53,566,578			312	1,266,917			1,622	54,833,495
17. Incurred during current year	10,553	441,559,980			(113)	41,330,436			10,440	482,890,416
Settled during current year:										
18.1 By payment in full	10,298	440,983,074			36	41,022,511			10,334	482,005,585
18.2 By payment on compromised claims										
18.3 Totals paid	10,298	440,983,074			36	41,022,511			10,334	482,005,585
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10,298	440,983,074			36	41,022,511			10,334	482,005,585
19. Unpaid Dec. 31, current year (16+17-18.6)	1,565	54,143,484			163	1,574,843			1,728	55,718,327
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	798,752	107,788,638,023	(a)		19,864	39,441,186,443			818,616	147,229,824,466
21. Issued during year	4,603	1,837,737,912			1,919	2,425,249,208			6,522	4,262,987,120
22. Other changes to in force (Net)	(47,103)	(7,682,805,293)			(501)	(626,212,704)			(47,604)	(8,309,017,997)
23. In force December 31 of current year	756,252	101,943,570,643	(a)		21,282	41,240,222,947			777,534	143,183,793,590

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	173,530,178	174,662,537	840,204	121,313,478	119,684,767
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	3,141	3,735		4,913	4,566
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	1,125,504	1,132,738		3,727,076	3,724,394
25.2 Guaranteed renewable (b)	9,046,826	9,151,748		7,864,996	8,003,107
25.3 Non-renewable for stated reasons only (b)	278,801	278,801	15	80,275	132,062
25.4 Other accident only					
25.5 All other (b)	1,277	1,277		16,311	16,186
25.6 Totals (sum of Lines 25.1 to 25.5)	10,452,407	10,564,563	15	11,688,659	11,875,751
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	183,985,727	185,230,835	840,219	133,007,049	131,565,084

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products38,459 and number of persons insured under indemnity only products39,613 .

**ANNUAL STATEMENT FOR THE YEAR 2012 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	69,188,433
2. Current year's realized pre-tax capital gains/(losses) of \$45,351,089 transferred into the reserve net of taxes of \$15,872,881	29,478,208
3. Adjustment for current year's liability gains/(losses) released from the reserve	1
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	98,666,642
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	19,125,807
6. Reserve as of December 31, current year (Line 4 minus Line 5)	79,540,835

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. 2012	14,213,466	4,912,340	1	19,125,807
2. 2013	8,197,539	3,973,739		12,171,278
3. 2014	5,131,390	4,465,115		9,596,505
4. 2015	3,991,450	4,559,050		8,550,500
5. 2016	3,021,047	3,990,167		7,011,214
6. 2017	2,966,912	2,315,266	1	5,282,179
7. 2018	4,804,899	1,774,826		6,579,725
8. 2019	2,075,891	1,954,777		4,030,668
9. 2020	1,772,076	2,341,800	1	4,113,877
10. 2021	1,664,777	2,122,060		3,786,837
11. 2022	1,611,200	1,651,612		3,262,812
12. 2023	1,694,750	1,235,285		2,930,035
13. 2024	1,610,730	695,787		2,306,517
14. 2025	1,646,884	518,887		2,165,771
15. 2026	1,545,203	(26,162)		1,519,041
16. 2027	1,187,774	(376,232)		811,542
17. 2028	1,000,441	(384,575)		615,866
18. 2029	784,103	(186,379)		597,724
19. 2030	616,263	(11,998)	1	604,266
20. 2031	681,477	(323,091)	1	358,387
21. 2032	714,447	(361,529)		352,918
22. 2033	899,875	(324,795)	1	575,081
23. 2034	1,039,921	(328,953)		710,968
24. 2035	1,086,654	(332,584)		754,070
25. 2036	1,076,494	(335,597)	(1)	740,896
26. 2037	1,063,518	(339,031)		724,487
27. 2038	1,041,729	(585,170)	(1)	456,558
28. 2039	937,185	(809,870)		127,315
29. 2040	965,524	(847,695)		117,829
30. 2041	458,998	(765,683)		(306,685)
31. 2042 and Later	(314,184)	(693,159)	(3)	(1,007,346)
32. Total (Lines 1 to 31)	69,188,433	29,478,208	1	98,666,642

ANNUAL STATEMENT FOR THE YEAR 2012 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		9,996,346	9,996,347	1,089,215	104,909,138	105,998,353	115,994,700
2. Realized capital gains/(losses) net of taxes - General Account	62,113,016	23,231,819	85,344,835	117,958	(103,949,949)	(103,831,991)	(18,487,156)
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	6,545,587	1,058,233	7,603,820	2,095,954	1,398,767	3,494,721	11,098,541
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	51,513,184	16,973,592	68,486,776		1,107,098	1,107,098	69,593,874
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	120,171,787	51,259,990	171,431,777	3,303,127	3,465,054	6,768,181	178,199,959
9. Maximum reserve	234,213,423	50,719,606	284,933,029	1,741,909	6,220,491	7,962,400	292,895,429
10. Reserve objective	161,242,046	32,144,907	193,386,954	1,665,409	4,972,529	6,637,938	200,024,892
11. 20% of (Line 10 - Line 8)	8,214,052	(3,823,017)	4,391,035	(327,544)	301,495	(26,049)	4,364,987
12. Balance before transfers (Lines 8 + 11)	128,385,839	47,436,973	175,822,813	2,975,584	3,766,549	6,742,133	182,564,945
13. Transfers				(1,233,674)	1,233,674		XXX
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	128,385,839	47,436,973	175,822,813	1,741,910	5,000,223	6,742,133	182,564,945

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.		Exempt Obligations	105,145,503	XXX	XXX	105,145,503	0.0000		0.0000		0.0000	
2.	1	Highest Quality	12,527,812,993	XXX	XXX	12,527,812,993	0.0004	5,011,125	0.0023	28,813,970	0.0030	37,583,439
3.	2	High Quality	9,141,884,171	XXX	XXX	9,141,884,171	0.0019	17,369,580	0.0058	53,022,928	0.0090	82,276,958
4.	3	Medium Quality	935,274,314	XXX	XXX	935,274,314	0.0093	8,698,051	0.0230	21,511,309	0.0340	31,799,327
5.	4	Low Quality	529,538,980	XXX	XXX	529,538,980	0.0213	11,279,180	0.0530	28,065,566	0.0750	39,715,424
6.	5	Lower Quality	169,293,485	XXX	XXX	169,293,485	0.0432	7,313,479	0.1100	18,622,283	0.1700	28,779,892
7.	6	In or Near Default	24,339,871	XXX	XXX	24,339,871	0.0000		0.2000	4,867,974	0.2000	4,867,974
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Bonds (Sum of Lines 1 through 8)	23,433,289,317	XXX	XXX	23,433,289,317	XXX	49,671,415	XXX	154,904,031	XXX	225,023,013
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
12.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	
SHORT - TERM BONDS												
18.		Exempt Obligations	654,523,843	XXX	XXX	654,523,843	0.0000		0.0000		0.0000	
19.	1	Highest Quality	254,099,984	XXX	XXX	254,099,984	0.0004	101,640	0.0023	584,430	0.0030	762,300
20.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	908,623,827	XXX	XXX	908,623,827	XXX	101,640	XXX	584,430	XXX	762,300

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)
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded	45,721,513	XXX	XXX	45,721,513	0.0004	18,289	0.0023	105,159	0.0030	137,165
27.	1	Highest Quality	219,697,899	XXX	XXX	219,697,899	0.0004	87,879	0.0023	505,305	0.0030	659,094
28.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
29.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
30.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
31.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33.		Total Derivative Instruments	265,419,412	XXX	XXX	265,419,412	XXX	106,168	XXX	610,465	XXX	796,258
34.		Total (Lines 9 + 17 + 25 + 33)	24,607,332,556	XXX	XXX	24,607,332,556	XXX	49,879,223	XXX	156,098,925	XXX	226,581,572
MORTGAGE LOANS												
In Good Standing:												
35.		Farm Mortgages			XXX		0.0032 (a)		0.0060 (a)		0.0640 (a)	
36.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
37.		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
38.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
39.		Commercial Mortgages - All Other	5,240,283,107		XXX	5,240,283,107	0.0032 (a)	16,768,906	0.0060 (a)	31,441,699	0.0095 (a)	49,782,690
40.		In Good Standing With Restructured Terms	2,246,659		XXX	2,246,659	0.0180 (b)	40,440	0.0400 (b)	89,866	0.0640 (b)	143,786
Overdue, Not in Process:												
41.		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
42.		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
43.		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
44.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
45.		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
In Process of Foreclosure:												
46.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
48.		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
50.		Commercial Mortgages - All Other	1,795,143		XXX	1,795,143	0.0000		0.1700	305,174	0.1700	305,174
51.		Total Schedule B Mortgages (Sum of Lines 35 through 50)	5,244,324,909		XXX	5,244,324,909	XXX	16,809,346	XXX	31,836,739	XXX	50,231,650
52.		Schedule DA Mortgages			XXX		(c)		(c)		(c)	
53.		Total Mortgage Loans on Real Estate (Lines 51 + 52)	5,244,324,909		XXX	5,244,324,909	XXX	16,809,346	XXX	31,836,739	XXX	50,231,650

(a) Times the company's experience adjustment factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

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

Line 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)
COMMON STOCK												
1.		Unaffiliated - Public	307,949	XXX	XXX	307,949	0.0000		0.2000 (d)	61,590	0.2000 (d)	61,590
2.		Unaffiliated - Private	7,888,275	XXX	XXX	7,888,275	0.0000		0.1600	1,262,124	0.1600	1,262,124
3.		Federal Home Loan Bank	25,500,000	XXX	XXX	25,500,000	0.0000		0.0050	127,500	0.0080	204,000
4.		Affiliated - Life with AVR	310,995,145	XXX	XXX	310,995,145	0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.2000 (d)		0.2000 (d)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1600		0.1600	
14.		Mortgage Loans					(c)		(c)		(c)	
15.		Real Estate					(e)		(e)		(e)	
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
17.		Affiliated - All Other	1,338,720	XXX	XXX	1,338,720	0.0000		0.1600	214,195	0.1600	214,195
18.		Total Common Stock (Sum of Lines 1 through 17)	346,030,089			346,030,089	XXX		XXX	1,665,409	XXX	1,741,909
REAL ESTATE												
19.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
20.		Investment Properties					0.0000		0.0750		0.0750	
21.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
22.		Total Real Estate (Sum of Lines 19 through 21)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
24.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
25.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
26.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
27.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
28.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
29.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
30.		Total with Bond Characteristics (Sum of Lines 23 through 29)		XXX	XXX		XXX		XXX		XXX	

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

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

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

Line 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 COMMON STOCK												
56.		Unaffiliated Public	182,624	XXX	XXX	182,624	0.0000		0.2000 (d)	36,525	0.2000 (d)	36,525
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)	182,624	XXX	XXX	182,624	XXX		XXX	36,525	XXX	36,525
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
62.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
63.		Investment Properties	25,005,978			25,005,978	0.0000		0.0750	1,875,448	0.0750	1,875,448
64.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
65.		Total with Real Estate Characteristics (Lines 62 through 64)	25,005,978			25,005,978	XXX		XXX	1,875,448	XXX	1,875,448
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
66.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
67.		Non-guaranteed Federal Low Income Housing Tax Credit	164,935,063			164,935,063	0.0063	1,039,091	0.0120	1,979,221	0.0190	3,133,766
68.		State Low Income Housing Tax Credit	1,796,166			1,796,166	0.0273	49,035	0.0600	107,770	0.0975	175,126
69.		All Other Low Income Housing Tax Credit	694,950			694,950	0.0273	18,972	0.0600	41,697	0.0975	67,758
70.		Total LIHTC	167,426,179			167,426,179	XXX	1,107,098	XXX	2,128,688	XXX	3,376,650
ALL OTHER INVESTMENTS												
71.		Other Invested Assets - Schedule BA	7,168,216	XXX		7,168,216	0.0000		0.1300	931,868	0.1300	931,868
72.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1300		0.1300	
73.		Total All Other (Sum of Lines 71 + 72)	7,168,216	XXX		7,168,216	XXX		XXX	931,868	XXX	931,868
74.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	199,782,997			199,782,997	XXX	1,107,098	XXX	4,972,529	XXX	6,220,491

(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 2012 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	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
0599999. Death Claims - Disposed Of							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							XXX
L034804300		MI	2010	500,000		500,000	Beneficiary is suspect in homicide Falsification on reinstatement Misrepresentation due to age
N991107760		TN	2008	100,000		100,000	
4199753		TX	2012	1,000,000		1,000,000	
2799999. Death Claims - Ordinary				1,600,000		1,600,000	XXX
3199999. Death Claims - Resisted				1,600,000		1,600,000	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				1,600,000		1,600,000	XXX
5399999 - Totals				1,600,000		1,600,000	XXX

ANNUAL STATEMENT FOR THE YEAR 2012 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 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	813,065	XXX	708,829	XXX		XXX		XXX	48,643	XXX	49,033	XXX	6,560	XXX		XXX		XXX
2. Premiums earned	349,569	XXX	233,562	XXX		XXX		XXX	48,643	XXX	50,890	XXX	16,474	XXX		XXX		XXX
3. Incurred claims	(1,368,275)	(391.4)	(1,645,164)	(704.4)					104,819	215.5	12,238	24.0	80,275	487.3				79,557
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	(1,368,275)	(391.4)	(1,645,164)	(704.4)					104,819	215.5	12,238	24.0	80,275	487.3				79,557
6. Increase in contract reserves	(480,423)	(137.4)	(480,423)	(205.7)														
7. Commissions (a)	(22,395,295)	(6,406.5)	(22,428,989)	(9,603.0)					39,763	81.7	1,832	3.6	1,045	6.3				(8,946)
8. Other general insurance expenses	18,655,295	5,336.7	18,719,779	8,014.9					(85,062)	(174.9)	11,601	22.8	31	0.2				8,946
9. Taxes, licenses and fees	3,271,848	936.0	3,272,799	1,401.3					9	0.0	85	0.2	(1,045)	(6.3)				
10. Total other expenses incurred	(468,152)	(133.9)	(436,411)	(186.9)					(45,290)	(93.1)	13,518	26.6	31	0.2				
11. Aggregate write-ins for deductions	(578,778)	(165.6)	(578,778)	(247.8)														
12. Gain from underwriting before dividends or refunds	3,245,197	928.3	3,374,338	1,444.7					(10,886)	(22.4)	25,134	49.4	(63,832)	(387.5)				(79,557)
13. Dividends or refunds	15	0.0											15	0.1				
14. Gain from underwriting after dividends or refunds	3,245,182	928.3	3,374,338	1,444.7					(10,886)	(22.4)	25,134	49.4	(63,847)	(387.6)				(79,557)
DETAILS OF WRITE-INS																		
1101. Change in Rate Stabilization	(603,778)	(172.7)	(603,778)	(258.5)														
1102. Change in Loss Recognition Reserve	25,000	7.2	25,000	10.7														
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	(578,778)	(165.6)	(578,778)	(247.8)														

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

ANNUAL STATEMENT FOR THE YEAR 2012 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
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	51,143,300	51,143,300							
2. Advance premiums	(19,210)	(18,070)				(1,140)			
3. Reserve for rate credits									
4. Total premium reserves, current year	51,124,090	51,125,230				(1,140)			
5. Total premium reserves, prior year	51,537,425	51,746,569		(134)	(12,622)	(196,388)			
6. Increase in total premium reserves	(413,335)	(621,339)		134	12,622	195,248			
B. Contract Reserves:									
1. Additional reserves (a)	4,009,141	4,009,141							
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	4,009,141	4,009,141							
4. Total contract reserves, prior year	4,489,564	4,489,564							
5. Increase in contract reserves	(480,423)	(480,423)							
C. Claim Reserves and Liabilities:									
1. Total current year	46,740,098	38,807,675			1,440,731	344,447	100,000	772	6,046,473
2. Total prior year	49,087,311	41,140,568			1,512,523	366,532	100,000	772	5,966,916
3. Increase	(2,347,213)	(2,332,893)			(71,792)	(22,085)			79,557

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	978,938	687,729			176,611	34,323	80,275		
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	46,740,098	38,807,675			1,440,731	344,447	100,000	772	6,046,473
2.2 On claims incurred during current year									
3. Test:									
3.1 Lines 1.1 and 2.1	47,719,036	39,495,404			1,617,342	378,770	180,275	772	6,046,473
3.2 Claim reserves and liabilities, December 31, prior year	49,087,311	41,140,568			1,512,523	366,532	100,000	772	5,966,916
3.3 Line 3.1 minus Line 3.2	(1,368,275)	(1,645,164)			104,819	12,238	80,275		79,557

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	38	38							
2. Premiums earned	38	38							
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	183,174,879	172,821,387		3,141	1,079,040	8,997,793	272,241		1,277
2. Premiums earned	183,323,382	172,857,140		3,735	1,086,274	9,102,715	272,241		1,277
3. Incurred claims	130,586,146	118,997,039		4,566	3,547,783	7,968,785	51,787		16,186
4. Commissions	58,303,381	57,579,268			10,231	695,951	8,985		8,946

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	95,752,777	14,552,423	19,312,762	129,617,962
2. Beginning Claim Reserves and Liabilities	35,666,165	1,354,818	68,444,317	105,465,300
3. Ending Claim Reserves and Liabilities	30,156,631	1,952,765	69,703,204	101,812,600
4. Claims Paid	101,262,311	13,954,476	18,053,875	133,270,662
B. Assumed Reinsurance:				
5. Incurred Claims				
6. Beginning Claim Reserves and Liabilities	174,489			174,489
7. Ending Claim Reserves and Liabilities	174,489			174,489
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims	102,347,976	13,954,476	14,283,695	130,586,147
10. Beginning Claim Reserves and Liabilities	10,240,311		46,312,167	56,552,478
11. Ending Claim Reserves and Liabilities	11,325,975		43,921,016	55,246,991
12. Claims Paid	101,262,312	13,954,476	16,674,846	131,891,634
D. Net:				
13. Incurred Claims	(6,595,199)	597,947	5,029,067	(968,185)
14. Beginning Claim Reserves and Liabilities	25,600,343	1,354,818	22,132,150	49,087,311
15. Ending Claim Reserves and Liabilities	19,005,145	1,952,765	25,782,188	46,740,098
16. Claims Paid	(1)		1,379,029	1,379,028
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	(1,368,275)			(1,368,275)
18. Beginning Reserves and Liabilities	49,087,311			49,087,311
19. Ending Reserves and Liabilities	46,740,098			46,740,098
20. Paid Claims and Cost Containment Expenses	978,938			978,938

ANNUAL STATEMENT FOR THE YEAR 2012 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	1,021,328,040		6,097,430		46,946,326	
92657	31-1000740	12/31/1996	Nationwide Life and Annuity Insurance Co	US	AMCO/I			750,300,292		2,821,121,410	
92657	31-1000740	02/26/1999	Nationwide Life and Annuity Insurance Co	US	CO/G	123,498,018	146,822,655				
0199999. General Account - U.S. Affiliates						1,144,826,058	146,822,655	756,397,722		2,868,067,736	
0399999. Total General Account - Affiliates						1,144,826,058	146,822,655	756,397,722		2,868,067,736	
62308	06-0303370	01/01/1982	Connecticut General Life Insurance Co	CT	YRT/I		1,327				
60992	13-3690700	04/16/1993	First MetLife Investors Insurance Co	NY	ACO/I		562,338				
65676	35-0472300	02/01/1989	Lincoln National Life Insurance Co	IN	YRT/I		15,627	107,704			
82627	06-0839705	01/01/1989	Swiss Re Life and Health America Inc	NY	YRT/I		76,358	4,155			
70335	94-0971150	01/01/1986	West Coast Life Ins Co	CA	OTH/G	2,566,015	401,989	73,732			
70335	94-0971150	01/01/1994	West Coast Life Ins Co	CA	OTH/I	1,431,799	518,870	(345)			
0499999. General Account - U.S. Non-Affiliates						3,997,814	1,576,509	185,246			
0699999. Total General Account - Non-Affiliates						3,997,814	1,576,509	185,246			
0799999. Total General Account						1,148,823,872	148,399,164	756,582,968		2,868,067,736	
92657	31-1000740	01/01/1994	Nationwide Life and Annuity Insurance Co	US	MCO/I					96,834,055	
0899999. Separate Accounts - U.S. Affiliates										96,834,055	
1099999. Total Separate Accounts - Affiliates										96,834,055	
1399999. Total Separate Accounts - Non-Affiliates											
1499999. Total Separate Accounts										96,834,055	
1599999. Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)						1,148,823,872	148,399,164	756,582,968		2,964,901,791	
1699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)											
1799999 - Totals						1,148,823,872	148,399,164	756,582,968		2,964,901,791	

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - Affiliates						
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	119,795	473,750
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	533,845	437,002
68365	04-2729166	05/01/1999	AXA Re Life Insurance Compnay	DE	251,313	
62308	06-0303370	10/01/1998	Connecticut General Life Insurance Co	CT	710,284	
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	3,924,135	835,143
88340	59-2859797	10/01/2004	Hannover Life Re	FL	305,239	
65676	35-0472300	03/01/1944	Lincoln National Life Insurance Co	IN	23,639	2,484
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	1,842,929	1,922,747
65676	35-0472300	01/01/1969	Lincoln National Life Ins Company	IN	81,290	
66346	58-0828824	01/01/1998	Munich American Reassurance Co	GA		362,346
66346	58-0828824	01/01/2010	Munich American Reassurance Co	GA		975,857
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	100,275	6,250
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	1,593,076	613,885
93572	43-1235868	04/01/2004	Reinsurance Group of America	MO	3,542,476	
93572	43-1235868	11/15/1983	Reinsurance Group of America	MO	81,290	
87572	23-2038295	10/01/2002	Scottish Re	NC	520,491	2,916,557
87572	23-2038295	10/01/1984	Scottish Re Life Corporation	MO	81,290	
68713	84-0499703	01/27/1996	Security Life of Denver Ins Co	CO	180,428	313,250
68713	84-0499703	06/01/1997	Security Life of Denver Ins Co	CO	863,084	441,342
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	848,296	95,909
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	120,037	261,000
82627	06-0839705	08/01/1997	Swiss Re Life & Health America	NY	754,430	
70688	36-6071399	11/01/1989	Transamerica Financial Life Insurance Co	NY	3,687,935	227,127
70688	36-6071399	02/07/2000	Transamerica Financial Life Insurance Co	NY	2,100,000	
86231	39-0989781	05/01/1997	Transamerica Financial Life Insurance Co	IA	535	
62596	31-0252460	01/01/1986	Union Fidelity Life Compay	IL		2,633
0499999. Life and Annuity - U.S. Non-Affiliates					22,266,112	9,887,282
0699999. Total Life and Annuity - Non-Affiliates					22,266,112	9,887,282
0799999. Total Life and Annuity					22,266,112	9,887,282
1099999. Total Accident and Health - Affiliates						
22667	95-2371728	08/01/2003	ACE American	PA		14,297
19801	94-1390273	07/01/2009	Argonaut Insurance Company	TX		122,994
26921	22-2005057	08/01/2003	Everest Reinsurance Company	NJ		416,797
70939	13-2611847	01/01/2007	Gerber Life Insurance Company	NY		6,280,000
66346	58-0828824	01/01/2010	Munich American Reassurance Co	GA		59,812
68381	36-0883760	01/01/2010	Reliance Stand Life Ins Co	IL		1,601,430
63479	58-0869673	04/01/1992	United Teacher Associates Insurance Co	GA		29
62235	01-0278678	12/01/1992	UNIM Co	ME		99,899
1199999. Accident and Health - U.S. Non-Affiliates						8,595,253
00000	AA-1122000	01/01/2005	Lloyds of London (London Travel Services Binding Authority)	GBR		189,185
00000	AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	GBR		280,863
00000	AA-1126623	01/01/2009	Lloyds Syndicate AFB #0623	GBR		169,040
00000	AA-1127183	01/01/2009	Lloyds Syndicate TAL #1183	GBR		34,781
00000	AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	GBR		208,691
00000	AA-1128623	01/01/2009	Lloyds Syndicate AFB #2623	GBR		39,651
00000	AA-1128987	01/01/2009	Lloyds Syndicate BRT #2987	GBR		208,691
00000	AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	GBR		69,564
00000	AA-1126006	01/01/2009	Lloyds Syndicate LIB #4472	GBR		69,564
00000	AA-1128001	01/01/2009	Lloyds Syndicate AML #2001	GBR		208,691
00000	AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	GBR		69,564
00000	AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	GBR		69,564
00000	AA-1127414	01/01/2009	Lloyds Syndicate RTH #1414	GBR		69,564
00000	AA-1120075	01/01/2009	Lloyds Syndicate ARK #4020	GBR		208,689
00000	AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	GBR		104,346
1299999. Accident and Health - Non-U.S. Non-Affiliates						1,980,448
1399999. Total Accident and Health - Non-Affiliates						10,575,701
1499999. Total Accident and Health						10,575,701
1599999. Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					22,266,112	18,482,535
1699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)						1,980,448
1799999 Totals - Life, Annuity and Accident and Health					22,266,112	20,462,983

ANNUAL STATEMENT FOR THE YEAR 2012 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		
0399999. Total General Account - Authorized Affiliates													
60488	25-0598210	10/01/1991	American General Life Ins Co	IL	ACO/I		26,875,149	29,335,915	374,368				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	CO/I	1,083,556,018	23,280,211	22,734,068	3,075,859				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	YRT/G	8,645,760	9,735	9,291	72,722				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	YRT/I	1,221,303,968	655,852	656,481	3,169,241				
61689	42-0175020	01/01/1992	Aviva Life and Annuity Company	IA	OTH/I	87,741,290	24,698,515	26,052,079	1,460,934				
68365	04-2729166	05/01/1999	AXA Re Life Insurance Company	DE	ACO/I		5,824,812	42,149,203					
11231	13-5617450	03/01/1986	Business Mens Assurance Company of America	MO	YRT/I	368,344	111	146	1,268				
62308	06-0303370	10/01/1998	Connecticut General Life Insurance Co	CT	ACO/I		11,840,482	47,842,855					
68276	48-1024691	12/31/1995	Employers Reassurance Corp	KS	CO/I	122,033,026	14,890,412	15,593,541	948,601				
68276	48-1024691	04/01/1996	Employers Reassurance Corp	KS	YRT/I	142,618,499	486,993	471,652	546,952				
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	YRT/I	1,200,813,624	8,938,539	9,705,999	8,005,651				
97071	13-3126819	06/01/2012	Generali USA Life Reassurance	MO	YRT/I	500,000	68						
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/G	1,577,059,376	3,773,039	2,406,265	1,328,235				
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/I	860,290,409	2,530,104	1,577,733	754,357				
65838	01-0233346	05/01/1997	John Hancock Life Insurance Co	MI	OTH/I		4,261	10,980					
82627	06-0839705	05/01/1972	Life Reassurance Company of America	CT	YRT/I	2,778,340	2,759	2,732	63,688				
65676	35-0472300	01/01/1982	Lincoln National Life Insurance Co	IN	ACO/G		39,368,684	40,711,463	294,720				
65676	35-0472300	03/01/1944	Lincoln National Life Insurance Co	IN	MCO/I	5,773,231	1,353	1,458	124,599		3,436,546		
65676	35-0472300	04/01/1998	Lincoln National Life Insurance Co	IN	YRT/G	689,489,605	3,942,260	4,332,830	2,455,200				
65676	35-0472300	02/01/1984	Lincoln National Life Insurance Co	IN	CO/I	7,489,963	354,128		44,823				
65676	35-0472300	04/01/1998	Lincoln National Life Insurance Co	IN	YRT/I	6,951,627,610	23,637,297	23,570,490	22,179,441				
66346	58-0828824	01/01/2010	Munich American Reassurance Co	GA	YRT/G	1,849,618,076			4,138,102				
66346	58-0828824	01/01/1998	Munich American Reassurance Co	GA	YRT/I	203,657,756	1,092,902	1,256,251	757,539				
88099	75-1608507	02/01/1987	Optimum Re Ins Co	TX	CO/I	4,946,200	54,842	50,092	69,894				
88099	75-1608507	01/01/1986	Optimum Re Ins Co	TX	YRT/I	1,534,540	26,452	24,832	9,346				
93572	43-1235868	04/01/2004	Reinsurance Group of America	MO	ACO/I		80,022	(90,748,210)					
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	CO/I	892,168,767	14,715,074	13,775,285	2,045,053				
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	YRT/I	5,196,582,172	21,228,413	22,245,819	23,298,531				
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	YRT/G	969,790,717	4,986,334	5,675,778	3,078,166				
64688	75-6020048	04/01/2008	Scor Global Life Ins Co of Texas	TX	YRT/I	137,204,807	255,563	217,747	291,183				
87572	23-2038295	10/01/2002	Scottish Re	NC	ACO/I		43,199,704	46,513,024	520				
87572	23-2038295	10/01/2002	Scottish Re	NC	CO/I				31,980				
87572	23-2038295	10/01/2002	Scottish Re	NC	YRT/G	910,677,010	5,309,607	5,889,556	2,754,131				
87572	23-2038295	10/01/2002	Scottish Re	NC	YRT/I	1,343,268,652	10,721,229	11,250,130	6,862,300				
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I		81,817,740	79,549,612	11,684,651				
68713	84-0499703	01/27/1996	Security Life of Denver	CO	YRT/G	550,542,955	3,230,665	3,066,683	1,766,123				
68713	84-0499703	06/01/1997	Security Life of Denver Ins Co	CO	YRT/I	2,186,823,557	25,457,154	24,815,763	9,856,760				
68713	84-0499703	01/27/1996	Security Life of Denver Ins Co	CO	CO/I	2,260,862,638	45,034,444	43,723,594	6,054,198				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	YRT/I	1,641,202,407	5,759,016	4,962,459	4,825,659				
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	CT	ACO/G		7,471,679	30,527,611					
82627	06-0839705	01/01/1991	Swiss Re Life and Health America Inc	NY	ADB/G				14				
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT	CO/I	1,712,763,832	36,669,040	36,156,216	4,958,509				
82627	06-0839705	06/15/1953	Swiss Re Life and Health America Inc	NY	MCO/I	50,000			702		29,165		
82627	06-0839705	09/01/1989	Swiss Re Life and Health America Inc	NY	YRT/G	2,313,669,107	7,717,919	6,380,888	3,187,994				
82627	06-0839705	08/01/2005	Swiss Re Life and Health America Inc	NY	ADB/I				73,451				
70688	36-6071399	09/01/1989	Transamerica Financial Life	NY	CO/G	27,930,000	328,754						
70688	36-6071399	02/07/2000	Transamerica Financial Life Insurance Co	NY	CO/I	3,873,710,660	73,435,376	72,374,295	6,990,826				
70688	36-6071399	09/01/1989	Transamerica Financial Life Insurance Co	NY	YRT/G				166,906				
70688	36-6071399	11/01/1989	Transamerica Financial Life Insurance Co	NY	YRT/I	1,335,453,109	8,952,956	9,408,360	4,823,202				
86231	39-0989781	05/01/1997	Transamerica Life Insurance Co	IA	OTH/I		4,261	10,980					
62596	31-0252460	01/01/1986	Union Fidelity Life Company	IL	OTH/G	314,000	6,632	5,781	6,871				
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	AMCO/I						25,917,065		
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	MCO/I						39,282,591		
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	OTH/I	7,407,385	61,715	62,750	1,271,129				
0499999. General Account - Authorized U.S. Non-Affiliates						41,382,267,410	588,732,257	594,360,477	143,904,399			68,665,367	

ANNUAL STATEMENT FOR THE YEAR 2012 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						41,382,267,410	588,732,257	594,360,477	143,904,399			68,665,367	
0799999. Total General Account Authorized						41,382,267,410	588,732,257	594,360,477	143,904,399			68,665,367	
1099999. Total General Account - Unauthorized Affiliates													
79782	86-0262046	02/23/1972	Electric Cooperative	AZ	CO/I	495,674	337,383	350,664	8,700				
1199999. General Account - Unauthorized U.S. Non-Affiliates						495,674	337,383	350,664	8,700				
00000	AA-3190878	07/01/2002	Wilton Reins Bermuda	BMU	YRT/I	24,767,476	974,021	958,332	132,366				
1299999. General Account - Unauthorized Non-U.S. Non-Affiliates						24,767,476	974,021	958,332	132,366				
1399999. Total General Account - Unauthorized Non-Affiliates						25,263,150	1,311,404	1,308,996	141,066				
1499999. Total General Account Unauthorized						25,263,150	1,311,404	1,308,996	141,066				
1799999. Total General Account - Certified Affiliates													
2099999. Total General Account - Certified Non-Affiliates													
2199999. Total General Account Certified													
2299999. Total General Account Authorized, Unauthorized and Certified						41,407,530,560	590,043,661	595,669,473	144,045,465			68,665,367	
2599999. Total Separate Accounts - Authorized Affiliates													
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I				87,969			377,484,359	
2699999. Separate Accounts - Authorized U.S. Non-Affiliates									87,969			377,484,359	
2899999. Total Separate Accounts - Authorized Non-Affiliates									87,969			377,484,359	
2999999. Total Separate Accounts Authorized									87,969			377,484,359	
3299999. Total Separate Accounts - Unauthorized Affiliates													
3599999. Total Separate Accounts - Unauthorized Non-Affiliates													
3699999. Total Separate Accounts Unauthorized													
3999999. Total Separate Accounts - Certified Affiliates													
4299999. Total Separate Accounts - Certified Non-Affiliates													
4399999. Total Separate Accounts Certified													
4499999. Total Separate Accounts Authorized, Unauthorized and Certified									87,969			377,484,359	
4599999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						41,382,763,084	589,069,640	594,711,141	144,001,068			446,149,726	
4699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)						24,767,476	974,021	958,332	132,366				
4799999 - Totals						41,407,530,560	590,043,661	595,669,473	144,133,434			446,149,726	

43.1

ANNUAL STATEMENT FOR THE YEAR 2012 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	10 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	MO/G	153,930,421					54,984,396	
0199999. General Account - Authorized U.S. Affiliates						153,930,421					54,984,396	
0399999. Total General Account - Authorized Affiliates						153,930,421					54,984,396	
22667	95-2371728	08/01/2003	ACE American	PA	CO/G	64,624	20,739					
71439	38-1843471	07/01/2003	Assurity Life Insurance Company	NE	CO/I	1,117,286		9,106,198				
61883	42-0884060	10/01/2002	Central United Life Insurance Company	TX	CO/I	271,077		823,214				
62359	36-1824600	11/01/2002	Constitution Life Insurance Company	TX	CO/I	8,182,124	1,522,430	3,656,372				
26921	22-2005057	08/01/2003	Everest Reinsurance Company	NJ	OTH/G	1,423,099	397,614					
70939	13-2611847	01/01/2007	Gerber Life Insurance Company	NY	OTH/G	8,353,447	3,484					
42374	74-2195939	09/24/2004	Houston Casualty Company	TX	OTH/G	23,725	10,694					
65676	35-0472300	02/01/1984	Lincoln National Life Insurance Co	IN	CO/I			354,128				
66346	58-0828824	01/01/2010	Munich American Reassurance Co	GA	YRT/G	716,250						
68209	62-0506281	07/01/1991	Provident Life & Casualty Insurance Company	TN	CO/I	925,267		27,728,023				
68381	36-0883760	01/01/2010	Reliance Stand Life Ins Co	IL	YRT/G	1,202,319		1,384,281				
67105	41-0451140	01/01/2005	Reliastar Life Insurance Company	GA	CO/G	98,875						
82627	06-0839705	05/01/1987	Swiss Re Life and Health America Inc	NY	CO/G			28,806				
82627	06-0839705	09/01/1989	Swiss Re Life and Health America Inc	NY	YRT/G			464				
61425	36-0792925	05/01/1987	Trustmark Insurance Co (Mutual)	IL	CO/I	18,111						
62596	31-0252460	01/01/2009	Union Fidelity	PA	CO/I	3,245	(46)	46				
63479	58-0869673	04/01/1992	United Teacher Associates Insurance Co	GA	CO/I	1,147		296,005				
70335	94-0971150	01/01/1994	West Coast Life	CA	OTH/G	485		3,176				
0499999. General Account - Authorized U.S. Non-Affiliates						22,401,081	1,954,915	43,380,713				
0699999. Total General Account - Authorized Non-Affiliates						22,401,081	1,954,915	43,380,713				
0799999. Total General Account Authorized						176,331,502	1,954,915	43,380,713			54,984,396	
1099999. Total General Account - Unauthorized Affiliates												
00000	AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	GBR	CO/G	691,169	21,097					
00000	AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	GBR	CO/G	230,390	7,032					
00000	AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	GBR	CO/G	691,169	21,097					
00000	AA-1126623	01/01/2009	Lloyds Syndicate AFB #0623	GBR	CO/G	131,322	4,008					
00000	AA-1127183	01/01/2009	Lloyds Syndicate TAL #1183	GBR	CO/G	230,390	7,032					
00000	AA-1127206	06/01/2006	Lloyds Syndicate CAP #1206	GBR	CO/G	(79,935)						
00000	AA-1127414	01/01/2009	Lloyds Syndicate RTH #1414	GBR	CO/G	230,390	7,032					
00000	AA-1128001	01/01/2009	Lloyds Syndicate AML #2001	GBR	CO/G	230,390	7,032					
00000	AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	GBR	CO/G	230,390	7,032					
00000	AA-1128623	01/01/2009	Lloyds Syndicate AFB #2623	GBR	CO/G	559,847	17,088					
00000	AA-1128791	06/01/2006	Lloyds Syndicate #2791	GBR	CO/G	(153,874)						
00000	AA-1128987	01/01/2009	Lloyds Syndicate BRT #2987	GBR	CO/G	863,960	26,371					
00000	AA-1120075	01/01/2009	Lloyds Syndicate ARK #4020	GBR	CO/G	691,169	21,097					
00000	AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	GBR	CO/G	115,192	3,516					
00000	AA-1126006	01/01/2009	Lloyds Syndicate LIB #4472	GBR	CO/G	691,169	21,097					
00000	AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	GBR	CO/G	345,588	10,548					
00000	AA-1126570	06/01/2006	Lloyds Syndicate 570	GBR	CO/G	(29,977)						
00000	AA-1122000	01/01/2005	Lloyds of London (London Travel Services Binding Authority)	GBR	CO/G	1,339,933						
1299999. General Account - Unauthorized Non-U.S. Non-Affiliates						7,008,682	181,079					
1399999. Total General Account - Unauthorized Non-Affiliates						7,008,682	181,079					
1499999. Total General Account Unauthorized						7,008,682	181,079					
1799999. Total General Account - Certified Affiliates												
2099999. Total General Account - Certified Non-Affiliates												
2199999. Total General Account Certified												
2299999. Total General Account Authorized, Unauthorized and Certified						183,340,184	2,135,994	43,380,713			54,984,396	
2599999. Total Separate Accounts - Authorized Affiliates												
2899999. Total Separate Accounts - Authorized Non-Affiliates												
2999999. Total Separate Accounts Authorized												
3299999. Total Separate Accounts - Unauthorized Affiliates												
3599999. Total Separate Accounts - Unauthorized Non-Affiliates												
3699999. Total Separate Accounts Unauthorized												

ANNUAL STATEMENT FOR THE YEAR 2012 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	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
3999999. Total Separate Accounts - Certified Affiliates												
4299999. Total Separate Accounts - Certified Non-Affiliates												
4399999. Total Separate Accounts Certified												
4499999. Total Separate Accounts Authorized, Unauthorized and Certified												
4599999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						176,331,502	1,954,915	43,380,713			54,984,396	
4699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)						7,008,682	181,079					
4799999 - Totals						183,340,184	2,135,994	43,380,713			54,984,396	

ANNUAL STATEMENT FOR THE YEAR 2012 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					
00000	AA-3190878	07/01/2002	Wilton Reinsurance Bermuda Ltd	974,021			974,021	900,000	111025013	1	Wachovia Bank N.A.					900,000
0299999			General Account - Life and Annuity Non-U.S. Affiliates	974,021			974,021	900,000	XXX	XXX	XXX					900,000
0399999			Total General Account - Life and Annuity Affiliates	974,021			974,021	900,000	XXX	XXX	XXX					900,000
79782	86-0262046	02/01/2372	Electric Cooperative Life Ins Co	337,383			337,383					1,789,009				337,383
0499999			General Account - Life and Annuity U.S. Non-Affiliates	337,383			337,383		XXX	XXX	XXX	1,789,009				337,383
0699999			Total General Account - Life and Annuity Non-Affiliates	337,383			337,383		XXX	XXX	XXX	1,789,009				337,383
0799999			Total General Account Life and Annuity	1,311,404			1,311,404	900,000	XXX	XXX	XXX	1,789,009				1,237,383
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	1,311,404			1,311,404	900,000	XXX	XXX	XXX	1,789,009				1,237,383
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)	337,383			337,383		XXX	XXX	XXX	1,789,009				337,383
2499999			Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)	974,021			974,021	900,000	XXX	XXX	XXX					900,000
2599999			Total	1,311,404			1,311,404	900,000	XXX	XXX	XXX	1,789,009				1,237,383

(a)

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

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 6Five Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	327,474	322,394	393,187	395,829	393,793
2. Commissions and reinsurance expense allowances	63,986	61,665	75,382	80,370	78,171
3. Contract claims	300,828	336,127	390,358	370,294	366,861
4. Surrender benefits and withdrawals for life contracts	3,444	2,977	397	2,403	1,831
5. Dividends to policyholders	1,621	1,886	3,626	643	326
6. Reserve adjustments on reinsurance ceded	(6,291)	(50,449)	8,626	19,392	(6,252)
7. Increase in aggregate reserve for life and accident and health contracts	(7,646)	(10,169)	(38,209)	(129,672)	140,436
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	18,624	12,109	9,740	9,679	18,088
9. Aggregate reserves for life and accident and health contracts	635,560	643,207	652,044	695,399	780,322
10. Liability for deposit-type contracts	132	147	32	44,749	46,994
11. Contract claims unpaid	20,463	22,093	21,594	16,987	19,015
12. Amounts recoverable on reinsurance	22,266	8,728	23,455	16,977	19,343
13. Experience rating refunds due or unpaid	7,992	6,297	18,792	4,584	7,419
14. Policyholders' dividends (not included in Line 10)				308	307
15. Commissions and reinsurance expense allowances due	26,721	9,184	12,420	357	10,845
16. Unauthorized reinsurance offset	74	419	240	283	426
17. Offset for reinsurance with Certified Reinsurers		XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)	900	900	900	900	900
20. Trust agreements (T)	1,789	1,786	1,783	1,776	1,756
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust		XXX	XXX	XXX	XXX
23. Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
24. Letters of credit (L)		XXX	XXX	XXX	XXX
25. Trust agreements (T)		XXX	XXX	XXX	XXX
26. Other (O)		XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	33,983,829,962		33,983,829,962
2. Reinsurance (Line 16)	56,979,126	(56,979,126)	
3. Premiums and considerations (Line 15)	68,604,183	18,624,384	87,228,567
4. Net credit for ceded reinsurance	XXX	694,304,071	694,304,071
5. All other admitted assets (balance)	1,203,707,681		1,203,707,681
6. Total assets excluding Separate Accounts (Line 26)	35,313,120,952	655,949,329	35,969,070,281
7. Separate Account assets (Line 27)	71,264,422,303		71,264,422,303
8. Total assets (Line 28)	106,577,543,255	655,949,329	107,233,492,584
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	27,562,442,594	635,560,366	28,198,002,960
10. Liability for deposit-type contracts (Line 3)	1,164,395,994		1,164,395,994
11. Claim reserves (Line 4)	82,244,542	20,462,984	102,707,526
12. Policyholder dividends/reserves (Lines 5 through 7)	61,383,733		61,383,733
13. Premium & annuity considerations received in advance (Line 8)	4,105,392		4,105,392
14. Other contract liabilities (Line 9)	95,981,496		95,981,496
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	74,021	(74,021)	
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	2,505,859,267		2,505,859,267
20. Total liabilities excluding Separate Accounts (Line 26)	31,476,487,039	655,949,329	32,132,436,368
21. Separate Account liabilities (Line 27)	71,264,422,303		71,264,422,303
22. Total liabilities (Line 28)	102,740,909,342	655,949,329	103,396,858,671
23. Capital & surplus (Line 38)	3,836,633,913	XXX	3,836,633,913
24. Total liabilities, capital & surplus (Line 39)	106,577,543,255	655,949,329	107,233,492,584
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	635,560,366		
26. Claim reserves	20,462,984		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	56,979,126		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	713,002,476		
34. Premiums and considerations	18,624,384		
35. Reinsurance in unauthorized companies	74,021		
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	18,698,405		
41. Total net credit for ceded reinsurance	694,304,071		

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

Allocated by States and Territories

			Direct Business Only				6 Totals
			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
States, Etc.							
1. Alabama	AL	5,064,495	4,580,922				9,645,417
2. Alaska	AK	3,861,573	151,815				4,013,388
3. Arizona	AZ	23,324,667	9,928,007				33,252,675
4. Arkansas	AR	1,981,552	2,401,212				4,382,764
5. California	CA	125,126,453	44,479,482				169,605,935
6. Colorado	CO	14,351,838	5,831,919				20,183,757
7. Connecticut	CT	9,287,578	10,578,802				19,866,380
8. Delaware	DE	188,008,868	3,010,414				191,019,282
9. District of Columbia	DC	8,661,793	978,330				9,640,123
10. Florida	FL	50,053,829	40,389,394				90,443,223
11. Georgia	GA	61,384,180	8,065,623				69,449,804
12. Hawaii	HI	1,743,813	5,461,224				7,205,037
13. Idaho	ID	1,829,929	1,547,052				3,376,981
14. Illinois	IL	71,951,387	13,655,502				85,606,889
15. Indiana	IN	13,196,035	9,174,519				22,370,554
16. Iowa	IA	12,157,331	2,190,382				14,347,713
17. Kansas	KS	4,362,705	4,413,679				8,776,384
18. Kentucky	KY	13,846,099	3,615,705				17,461,804
19. Louisiana	LA	3,172,576	3,464,894				6,637,470
20. Maine	ME	1,457,052	2,659,392				4,116,445
21. Maryland	MD	23,913,933	16,229,844				40,143,777
22. Massachusetts	MA	11,792,708	34,509,475				46,302,183
23. Michigan	MI	34,344,436	11,823,979				46,168,415
24. Minnesota	MN	10,606,459	3,300,254				13,906,712
25. Mississippi	MS	3,275,997	1,542,522				4,818,519
26. Missouri	MO	15,075,766	7,152,594				22,228,360
27. Montana	MT	406,231	886,348				1,292,579
28. Nebraska	NE	891,024	1,368,150				2,259,174
29. Nevada	NV	1,755,981	916,862				2,672,843
30. New Hampshire	NH	2,796,392	4,109,959				6,906,351
31. New Jersey	NJ	42,505,358	15,154,288				57,659,645
32. New Mexico	NM	704,390	2,377,340				3,081,730
33. New York	NY	99,893,571	49,714,410				149,607,981
34. North Carolina	NC	113,327,139	9,570,990				122,898,129
35. North Dakota	ND	17,961,341	196,762				18,158,104
36. Ohio	OH	82,504,033	30,242,238		25,000,000		137,746,271
37. Oklahoma	OK	1,743,851	2,995,003				4,738,854
38. Oregon	OR	1,783,764	5,120,366				6,904,130
39. Pennsylvania	PA	130,511,400	50,305,383				180,816,782
40. Rhode Island	RI	4,429,314	2,377,061				6,806,375
41. South Carolina	SC	8,103,978	5,491,027				13,595,005
42. South Dakota	SD	698,757	349,697				1,048,454
43. Tennessee	TN	8,643,455	9,440,974				18,084,430
44. Texas	TX	37,994,967	20,787,468				58,782,435
45. Utah	UT	2,439,482	4,592,336				7,031,819
46. Vermont	VT	1,805,979	1,082,089				2,888,068
47. Virginia	VA	23,590,875	11,781,186				35,372,061
48. Washington	WA	3,930,712	9,945,058				13,875,769
49. West Virginia	WV	6,456,376	4,500,295				10,956,670
50. Wisconsin	WI	2,198,954	5,843,648				8,042,602
51. Wyoming	WY	1,382,159	96,181				1,478,340
52. American Samoa	AS	60,453					60,453
53. Guam	GU	1,590					1,590
54. Puerto Rico	PR	412,383	122				412,505
55. U.S. Virgin Islands	VI	441,939					441,939
56. Northern Mariana Islands	MP						
57. Canada	CAN	84,631					84,631
58. Aggregate Other Alien	OT	908,301	(262,623)				645,678
59. Total		1,314,201,832	500,119,555		25,000,000		1,839,321,386

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0140	Nationwide		31-1486309	2059226			10 W. Nationwide, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1992319			101 N. Twentieth St, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1733036	3298210			120 Acre Partners, LLC	DE	NIA	Nationwide Realty Investors, Ltd.	Ownership	95.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-2451988	1774032			1492 Capital, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-1347603	1467890			180 E. Broad Partners, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	33.330	Nationwide Mutual Insurance Company	1
0140	Nationwide			4186374			3Stone Inflection Fund, LLC	DE	OTH	Other non-Nationwide	n/a		Other non-Nationwide	
0140	Nationwide		31-1580283	2030884			400 West Nationwide Boulevard, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	2012588			425 West Nationwide Boulevard, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	2052244			44 Chestnut, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	1953275			775 Yard Street Restaurant, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	1881987			775 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	1880839			800 Bobcat Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	2051266			805 Bobcat Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	1881988			850 Goodale Blvd., LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	2116496			925 Burrell Avenue Acquisitions, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1680808	1107195			AD Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	60.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1203104			ADTV, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		52-2227314				AGMC Reinsurance, Ltd.	TCA	IA	Nationwide Advantage Mortgage Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		42-1011300	1573			ALLIED General Agency Company	IA	IA	AMCO Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		42-0958655	1575			ALLIED Group, Inc.	IA	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10127	27-0114983	1519361			ALLIED Insurance Company of America (fka Atlantic Floridian Insurance Company)	OH	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	45279	42-1201931	89532			ALLIED Property and Casualty Insurance Company	IA	IA	ALLIED Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		42-1527863				ALLIED Texas Agency, Inc.	TX	IA	AMCO Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	19100	42-6054959	69720			AMCO Insurance Company	IA	IA	ALLIED Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		59-1031596	248504			American Marine Underwriters, Inc.	FL	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	2135351			Anderson Meadows, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1419007			Arena District CA I, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		90-0280710	1424858			Arena District Owners Association	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	
0140	Nationwide		31-1580283	1144891			Arena Theatres, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			4508087			Artesa at Quarry Village, LLC	TX	OTH	Other non-Nationwide	n/a		Other non-Nationwide	
0140	Nationwide						BCCS Investment Fund LLC	DE	OTH	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1184438	1007292			Boulevard Inn Limited Liability Company	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	94.800	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1555487	2782835			Broad Street Retail, LLC	DE	NIA	Nationwide Realty Investors, Ltd.	Ownership	60.000	Nationwide Mutual Insurance Company	
0140	Nationwide			4061319			Brooke School Investment Fund, LLC	DE	OTH	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			1724975			CHP New Markets Investment Fund, LLC	OH	OTH	Nationwide Mutual Insurance Company	Limited partner /no control	50.000	Other non-Nationwide	
0140	Nationwide		20-1618232	1619986			CNRI-Cannonsport Condominium, LLC	OH	NIA	CNRI-Cannonsport, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-1618232	1486898			CNRI-Cannonsport, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			3218126			Co-Investment Fund, L.P.	DE	OTH	Other non-Nationwide	n/a		Other non-Nationwide	
0140	Nationwide						COLHOC Limited Partnership	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	30.760	Other non-Nationwide	
0140	Nationwide	29262	74-1061659	36000			Colonial County Mutual Insurance Company	TX	OTH	Other non-Nationwide	contract		Other non-Nationwide	
0140	Nationwide		04-3750770	1379969			Continental/North Shore I, L.P.	OH	NIA	Continental/NRI North Shore Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		20-0366090	1421903			Continental/North Shore II, L.P.	OH	NIA	Continental/NRI North Shore Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		20-0142724	1405651			Continental/NRI North Shore Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	50.500	Nationwide Mutual Insurance Company	1
0140	Nationwide						Cotton Mill Partners, LLC	VA	OTH	Nationwide Mutual Insurance Company	Limited partner /no control	2.000	Other non-Nationwide	
0140	Nationwide	18961	68-0066866	1425788			Crestbrook Insurance Company	OH	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1080734			Crewville, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	

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

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0140	Nationwide	42587	42-1207150	89535			Depositors Insurance Company	IA	IA	ALLIED Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		33-0096671				DVM Insurance Agency, Inc.	CA	NIA	Veterinary Pet Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-1945276	3869407			East of Madison, LLC	DE	NIA	120 Acre Partners, Ltd.	Ownership	24.910	Nationwide Mutual Insurance Company	1
0140	Nationwide						ELH Investment LLC	DE	OTH	Nationwide Mutual Insurance Company	Other		Nationwide Mutual Insurance Company	2
0140	Nationwide	13838	42-0618271	69573			Farmland Mutual Insurance Company	IA	OTH	Other non-Nationwide	debt		Other non-Nationwide	
0140	Nationwide	22209	75-6013587	1874832			Freedom Specialty Insurance Company (fka Atlantic Insurance Company)	OH	IA	Scottsdale Insurance Company Nationwide Better Health Holding Company, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-4187660	144612			Gates McDonald of Ohio, LLC	OH	NIA		Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		13-4933584				Gates, McDonald & Company of New York, Inc.	NY	NIA	Gates McDonald of Ohio, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		76-0810957	1588883			GatesMcDonald DTAO, LLC	OH	NIA	Gates McDonald of Ohio, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		76-0810958	1588884			GatesMcDonald DTC, LLC	OH	NIA	Gates McDonald of Ohio, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1478706	950745			GatesMcDonald Health Plus, LLC	OH	NIA	Gates McDonald of Ohio, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	1809307			Grandview Yard Hotel Holdings, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	1808094			Grandview Yard Hotel, LLC	OH	NIA	Grandview Yard Hotel Holdings, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		51-0241172	876834			Harleysville Group, Inc.	DE	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	23582	41-0417250	3691381			Harleysville Insurance Company	PA	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	33235	16-1075588				Harleysville Insurance Company of New Jersey	NJ	IA	Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10674	23-2864924	2719450			Harleysville Insurance Company of New York	PA	IA	Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	14516	38-3198542				Harleysville Lake States Insurance Company	MI	IA	Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	64327	23-1580983	153756			Harleysville Life Insurance Company	PA	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	40983	23-2612951	1596290			Harleysville Pennland Insurance Company	PA	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	35896	23-2384978	890691			Harleysville Preferred Insurance Company	PA	IA	Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		51-0259283	90768			Harleysville Services, Inc.	DE	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	26182	04-1989660	3696747			Harleysville Worcester Insurance Company	PA	IA	Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		23-2403000	887472			Harleysville, Ltd.	PA	NIA	Harleysville Preferred Insurance Company	Ownership	49.500	Nationwide Mutual Insurance Company	
0140	Nationwide		23-2403000	887472			Harleysville, Ltd.	PA	NIA	Harleysville Worcester Insurance Company	Ownership	49.500	Nationwide Mutual Insurance Company	
0140	Nationwide		23-2403000	887472			Harleysville, Ltd.	PA	NIA	Harleysville Group, Inc.	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		32-0051216				Hideaway Properties Corp.	CA	OTH	Nationwide Realty Investors, Ltd.	Ownership	50.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-0871532	474143			Insurance Intermediaries, Inc.	OH	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		23-2882311	2738642			Insurance Management Resources, L.P.	PA	NIA	Harleysville Insurance Company	Ownership	1.000	Nationwide Mutual Insurance Company	
0140	Nationwide		23-2882311	2738642			Insurance Management Resources, L.P.	PA	NIA	Harleysville Preferred Insurance Company	Ownership	99.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1592475			Jerome Village Company, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			2004939			Jerome Village Master Property Owners Association	OH	OTH	Other non-Nationwide	Ownership		Other non-Nationwide	2
0140	Nationwide			2004980			Jerome Village Residential Property Owners Association, Inc.	OH	OTH	Other non-Nationwide	Ownership		Other non-Nationwide	2
0140	Nationwide			4475300			Leaguers Investment Fund LLC	DE	OTH	Nationwide Mutual Insurance Company	Other		Nationwide Mutual Insurance Company	2
0140	Nationwide		56-3789189	1500255			Life REO Holdings, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		56-3789187	1500255			Life REO Holdings, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		74-1395229	17243100			Lone Star General Agency, Inc.	TX	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			4006322			Match School Investment Fund, LLC	DE	OTH	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	11991	38-0865250				National Casualty Company	WI	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.....0140	.....	.....	.....	837003	.....	.....	National Casualty Company of America, Ltd.	..GBR	.....IA	National Casualty Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	42-1154244	1577	.....	.....	Nationwide Advantage Mortgage Company	..IA	.....NIA	AMCO Insurance Company	Ownership	..87.300	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	42-1154244	1577	.....	.....	Nationwide Advantage Mortgage Company	..IA	.....NIA	ALLIED Property & Casualty Insurance Company	Ownership	..8.470	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	42-1154244	1577	.....	.....	Nationwide Advantage Mortgage Company	..IA	.....NIA	Depositors Insurance Company	Ownership	..4.230	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	26093	48-0470690	1590224	.....	.....	Nationwide Affinity Insurance Company of America	..OH	.....IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	28223	42-1015537	69693	.....	.....	Nationwide Agribusiness Insurance Company	..IA	.....IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	20-5976272	1662083	.....	.....	Nationwide Alternative Investments, LLC	..OH	.....NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1578869	993794	.....	.....	Nationwide Arena, LLC	..OH	.....NIA	NRI Arena, LLC	Ownership	..90.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1578869	993794	.....	.....	Nationwide Arena, LLC	..OH	.....NIA	Nationwide Realty Investors, LLC	Ownership	..90.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	20-8670712	1685468	.....	.....	Nationwide Asset Management, LLC	..OH	.....NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	20-8670712	1685468	.....	.....	Nationwide Asset Management, LLC	..OH	.....DS	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	10723	95-0639970	.....	.....	.....	Nationwide Assurance Company	..WI	.....IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1592130	2729677	.....	.....	Nationwide Bank	.....	.....OTH	Nationwide Financial Services, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	52-1776258	1994715	.....	.....	Nationwide Better Health (Ohio), LLC	..OH	.....NIA	Nationwide Better Health Holding Company, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	11-3766032	1573772	.....	.....	Nationwide Better Health Holding Company, LLC	..OH	.....NIA	Nationwide Corporation	Ownership	..75.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	11-3766032	1573772	.....	.....	Nationwide Better Health Holding Company, LLC	..OH	.....NIA	Nationwide Mutual Fire Insurance Company	Ownership	..25.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1036287	594869	.....	.....	Nationwide Cash Management Company	..OH	.....NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-4416546	199852	.....	.....	Nationwide Corporation	..OH	.....NIA	Nationwide Mutual Insurance Company	Ownership	..95.200	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-4416546	199852	.....	.....	Nationwide Corporation	..OH	.....NIA	Nationwide Mutual Fire Insurance Company	Ownership	..4.800	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	04-3679407	3526499	.....	.....	Nationwide Emerging Managers, LLC	..DE	.....NIA	NWD Investment Management, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	05-0630007	1586317	.....	.....	Nationwide Exclusive Agent Risk Purchasing Group, LLC	..OH	.....NIA	Insurance Intermediaries, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1667326	1096699	.....	.....	Nationwide Financial Assignment Company	..OH	.....NIA	Nationwide Life Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	23-2412039	917471	.....	.....	Nationwide Financial General Agency, Inc.	..PA	.....NIA	NFS Distributors, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1316276	2248294	.....	.....	Nationwide Financial Institution Distributors Agency, Inc.	..DE	.....NIA	NFS Distributors, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-6554353	2697294	.....	.....	Nationwide Financial Services Capital Trust	..DE	.....NIA	Nationwide Financial Services, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1486870	2685530	.....	.....	Nationwide Financial Services, Inc.	..DE	.....UDP	Nationwide Corporation	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	52-6969857	2999617	.....	.....	Nationwide Fund Advisors	..DE	.....NIA	Nationwide Financial Services, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1748721	3314331	.....	.....	Nationwide Fund Distributors LLC	..DE	.....NIA	NFS Distributors, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-0900518	4334484	.....	.....	Nationwide Fund Management LLC	..DE	.....NIA	NFS Distributors, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	23760	31-4425763	265684	.....	.....	Nationwide General Insurance Company	..OH	.....IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1570938	985417	.....	.....	Nationwide Global Holdings, Inc.	..OH	.....NIA	Nationwide Corporation	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	04-3732385	3608565	.....	.....	Nationwide Global Ventures, Inc.	..DE	.....NIA	Nationwide Asset Management Holdings, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-1399201	864164	.....	.....	Nationwide Indemnity Company	..OH	.....IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	25453	95-2130882	.....	.....	.....	Nationwide Insurance Company of America	..WI	.....IA	ALLIED Group, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	10948	31-1613686	1024751	.....	.....	Nationwide Insurance Company of Florida	..OH	.....IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	.....	31-6022301	281027	.....	.....	Nationwide Insurance Foundation	..OH	.....OTH	Other non-Nationwide	n/a	.....	Other non-Nationwide	.....
.....0140	Nationwide	.....	41-2206199	162578	.....	.....	Nationwide Investment Advisors, LLC	..OH	.....NIA	Nationwide Life Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	.....
.....0140	Nationwide	73-0988442	Nationwide Investment Services Corporation	..OKNIA	Nationwide Life Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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...0140	Nationwide	92657	31-1000740	569000			Nationwide Life and Annuity Insurance Company	..OH	..IA	Nationwide Life Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide	66869	31-4156830	135635			Nationwide Life Insurance Company	..OH		Nationwide Financial Services, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		13-4212969	1341354			Nationwide Life Tax Credit Partners 2002-A, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		01-0749754	1348020			Nationwide Life Tax Credit Partners 2002-B, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		03-0498148	1358198			Nationwide Life Tax Credit Partners 2002-C, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		54-2113175	1392627			Nationwide Life Tax Credit Partners 2003-A, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		58-2672725	1392628			Nationwide Life Tax Credit Partners 2003-B, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-0357951	1420220			Nationwide Life Tax Credit Partners 2003-C, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-0382144	1421592			Nationwide Life Tax Credit Partners 2004-A, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-0745944	1440822			Nationwide Life Tax Credit Partners 2004-B, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-0745965	1440823			Nationwide Life Tax Credit Partners 2004-C, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-1128408	1457085			Nationwide Life Tax Credit Partners 2004-D, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-1128472	1457086			Nationwide Life Tax Credit Partners 2004-E, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-1918935	1502552			Nationwide Life Tax Credit Partners 2004-F, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2303694	1516155			Nationwide Life Tax Credit Partners 2005-A, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2303602	1516156			Nationwide Life Tax Credit Partners 2005-B, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2450960	1523496			Nationwide Life Tax Credit Partners 2005-C, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2451052	1523497			Nationwide Life Tax Credit Partners 2005-D, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		20-2774223	1531819			Nationwide Life Tax Credit Partners 2005-E, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		21-1288836	1735030			Nationwide Life Tax Credit Partners 2007-A, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		26-3427373	1807374			Nationwide Life Tax Credit Partners 2009-A, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		26-3427435	1807375			Nationwide Life Tax Credit Partners 2009-B, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		26-3427479	1807376			Nationwide Life Tax Credit Partners 2009-C, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		26-3427525	1807377			Nationwide Life Tax Credit Partners 2009-D, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		26-4737055	1852582			Nationwide Life Tax Credit Partners 2009-E, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		26-4737157	1852583			Nationwide Life Tax Credit Partners 2009-F, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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...0140	Nationwide		27-1362364	1896597			Nationwide Life Tax Credit Partners 2009-I, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide			1302988			Nationwide Life Tax Credit Partners No. 1, LLC	..OH	..NIA	Nationwide Life Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide	..42110	75-1780981	93707			Nationwide Lloyds	..TX	..IA	n/a	contract		Nationwide Mutual Insurance Company	
...0140	Nationwide			3943056			Nationwide Mutual Capital I, LLC	..DE	..NIA	Nationwide Mutual Capital, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		75-3191025	1319580			Nationwide Mutual Capital, LLC	..OH	..NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide	..23779	82-0549218	157635			Nationwide Mutual Fire Insurance Company	..OH	..OTH	Other non-Nationwide	n/a		Other non-Nationwide	
...0140	Nationwide	..23787	31-4177100	119343			Nationwide Mutual Insurance Company	..OH	..UIP	Other non-Nationwide	n/a		Other non-Nationwide	
...0140	Nationwide		34-2012765	1484247			Nationwide Private Equity Fund, LLC	..OH	..NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		34-2012765	1484247			Nationwide Private Equity Fund, LLC	..OH	..NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide	..37877	31-0970750	544821			Nationwide Property and Casualty Insurance Company	..OH	..IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		01-0852763	1580214			Nationwide Property Protection Services, LLC	..OH	..NIA	Nationwide Services Company, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		31-1486309	961715			Nationwide Realty Investors, Ltd.	..OH	..NIA	Nationwide Mutual Insurance Company	Ownership	..96.750	Nationwide Mutual Insurance Company	
...0140	Nationwide		31-1486309	961715			Nationwide Realty Investors, Ltd.	..OH	..NIA	Nationwide Indemnity Company	Ownership	..3.250	Nationwide Mutual Insurance Company	
...0140	Nationwide		31-1486309	1172972			Nationwide Realty Management, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		04-3833929	1172972			Nationwide Realty Management, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide						Nationwide Realty Services, Ltd.	..OH	..NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		06-0987812	60987812			Nationwide Retirement Solutions Insurance Agency, Inc.	..MA	..IA	Nationwide Retirement Solutions, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		73-0948330	789729			Nationwide Retirement Solutions, Inc.	..DE	..NIA	NFS Distributors, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		86-0924069				Nationwide Retirement Solutions, Inc. of Arizona	..AZ	..NIA	Nationwide Retirement Solutions, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		31-1331479	800935			Nationwide Retirement Solutions, Inc. of Ohio	..OH	..NIA	Nationwide Retirement Solutions, Inc.	contract		Nationwide Mutual Insurance Company	
...0140	Nationwide		74-2200854	58122300			Nationwide Retirement Solutions, Inc. of Texas	..TX	..NIA	Nationwide Retirement Solutions, Inc.	contract		Nationwide Mutual Insurance Company	
...0140	Nationwide		42-1373380	152408			Nationwide Sales Solutions, Inc.	..IA	..NIA	ALLIED Group, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		36-2434406	4436858			Nationwide Securities, LLC	..OH	..NIA	NFS Distributors, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		31-4177100				Nationwide Services Company, LLC	..OH	..NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		27-0743545	1876581			Nationwide Tax Credit Partners 2009-G, LLC	..OH	..NIA	Nationwide Mutual Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		27-0768791	1876582			Nationwide Tax Credit Partners 2009-H, LLC	..OH	..NIA	Nationwide Mutual Insurance Company	Other		Nationwide Mutual Insurance Company	
...0140	Nationwide		11-3651828	3546936			ND La Quinta Partners, LLC	..DE	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..94.500	Nationwide Mutual Insurance Company	
...0140	Nationwide			3726748			Newhouse Capital Partners II, LLC	..DE	..NIA	Nationwide Global Ventures, Inc.	Ownership	..80.000	Nationwide Mutual Insurance Company	
...0140	Nationwide			3726748			Newhouse Capital Partners II, LLC	..DE	..NIA	Nationwide Global Ventures, Inc.	Ownership	..99.000	Nationwide Mutual Insurance Company	
...0140	Nationwide			3183115			Newhouse Capital Partners, LLC	..DE	..NIA	NWD Investment Management, Inc.	Ownership	..19.000	Nationwide Mutual Insurance Company	
...0140	Nationwide			3183115			Newhouse Capital Partners, LLC	..DE	..NIA	Nationwide Mutual Insurance Company	Ownership	..70.000	Nationwide Mutual Insurance Company	
...0140	Nationwide			3183115			Newhouse Capital Partners, LLC	..DE	..NIA	Nationwide Mutual Fire Insurance Company	Ownership	..10.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		31-1630871	2985416			NFS Distributors, Inc.	..DE	..NIA	Nationwide Financial Services, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		14-1892640				NHT XII Tax Credit Fund, LLC	..DC	..NIA	Nationwide Life Insurance Company	Ownership	..49.990	Nationwide Mutual Insurance Company	..1
...0140	Nationwide		14-1892640				NHT XII Tax Credit Fund, LLC	..DC	..NIA	Nationwide Assurance Company	Ownership	..25.000	Nationwide Mutual Insurance Company	..1
...0140	Nationwide		14-1892640				NHT XII Tax Credit Fund, LLC	..DC	..NIA	Nationwide Mutual Insurance Company	Ownership	..25.000	Nationwide Mutual Insurance Company	..1
...0140	Nationwide		26-0351004	1706020			North Bank Condominium Home Owners Association	..OH	..OTH	Other non-Nationwide	n/a		Other non-Nationwide	
...0140	Nationwide		20-4939866	2055239			North of Third, LLC	..OH	..NIA	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
...0140	Nationwide		26-4083207	1830221			Northstar Commercial Development, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..50.000	Nationwide Mutual Insurance Company	..1

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

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0140	Nationwide		26-4083354	1830220			Northstar Residential Development, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	50.000	Nationwide Mutual Insurance Company	1
0140	Nationwide		31-1486309	1858630			NRI 12325 Copper Way, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1597892			NRI 220 Schrock, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	2055238			NRI Arena, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1592013			NRI Brookside, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1867758			NRI Builders, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1238758			NRI Communities/Charlotte, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1352285			NRI Communities/Harris Blvd., LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1593046			NRI Cramer Creek, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		20-4939866	1625434			NRI Equity Land Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	80.000	Nationwide Mutual Insurance Company	
0140	Nationwide			1694382			NRI Equity Tampa, LLC	OH	OTH	Nationwide Realty Investors, Ltd.	Ownership	50.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	2089836			NRI Maxtown, LLC	OH	OTH	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		30-4939866	1019147			NRI Office Ventures, Ltd	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	2159819			NRI- Rivulon, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1073212			NRI Telecom, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide									Nationwide Property and Casualty Company				
0140	Nationwide		45-3123274	2044085			NTCIF-2011 Georgia State Investor, LLC	OH	NIA		Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		90-0729552	2023000			NTCIF-2011, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4700627	1984016			NTCP 2011-A, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-0747898	1984016			NTCP 2011-B, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-0741029	1984016			NTCP 2012-A, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-2724980	2033323			NW - Cameron, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		36-4702264	2021396			NW-Arvida, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5159092	2099231			NW-Bayshore, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-0999932	2135293			NW-Bencap, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-0901660	4421180			NW-CNC Coppell, LLC	DE	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-2764819	4831231			NW-Commerce Center, LLC	DE	NIA	NW REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			2057662			NW-Corvallis, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1891773			NWD 205 Vine, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1405488			NWD 225 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1681262			NWD 230 West, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1694896			NWD 265 Neil, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1563474			NWD 275 Marconi, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1459199			NWD 295 McConnell, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1407725			NWD 300 Neil, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1557704			NWD 300 Spring, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	2061126			NWD 355 McConnell, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	2044467			NWD 425 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	2041938			NWD 500 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1340700			NWD Arena Crossing, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1146303			NWD Arena District I, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1172974			NWD Arena District II, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1278786			NWD Arena District III, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1278788			NWD Arena District IV, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1195624			NWD Arena District V, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		04-3679396	3531320			NWD Asset Management Holdings, Inc.	DE	NIA	NWD Investment Management, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	1448370			NWD Athletic Club, LLC	OH	NIA	NWD Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1636299	3003214			NWD Investment Management, Inc.	DE	NIA	Nationwide Corporation	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1580283	994899			NWD Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	80.000	Nationwide Mutual Insurance Company	
0140	Nationwide		90-0732898	2021397			NW-Dulles, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			2117501			NW-Eastpark, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	

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0140	Nationwide		45-2647960	2029200			NW-Grapevine, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5408178	2110605			NW-Kentwood Towne Center, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749640	1990535			NW-Kohls Market, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5314607	2106446			NW-Lovers Lane, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-4630497	2084158			NW-Mueller II, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749848	1994254			NW-Northridge, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-1089165	2135896			NW-Oakley Station, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5388656	1990540			NW-Park Memorial, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749937	1990540			NW-Park Village, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		26-1903919	4500117			NW-REI, LLC	DE	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4387647	4918706			NW-Ross Hall, LLC	DE	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		45-5159117	2099232			NW-South Park, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			2057663			NW-Southline, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		27-4749587	1990537			NW-Taylor Farmer Jack, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-1100378	2139730			NW-Triangle, LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		46-1077615	2135895			NW-West Ave., LLC	OH	NIA	NW-REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-0947092				OCH Company, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-0947092	908127			Ohio Center Hotel Company, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	56.250	Nationwide Mutual Insurance Company	
0140	Nationwide		26-0263012	1702560			Old Track Street Owners Association	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	
0140	Nationwide	13999	27-1712056				Olentangy Reinsurance, LLC	VT	IA	Nationwide Life and Annuity Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			3971381			OYS Fund, LLC	DE	OTH	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide						Park 288 Industrial, LLC	TX	OTH	Nationwide Mutual Insurance Company	Investor member / no control	95.000	Other non-Nationwide	
0140	Nationwide		31-1486309	1030050			Perimeter A, Ltd	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1677602	1113742			Pizzuti Properties, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	65.000	Nationwide Mutual Insurance Company	
0140	Nationwide		31-1486309	1069902			Polaris A, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		39-1907217	209310			Premier Agency, Inc.	IA	NIA	ALLIED Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
4664	Pure	12873	20-8287105	12873			Privilege Underwriters Reciprocal Exchange	FL	IA	Other non-Nationwide	n/a		Other non-Nationwide	
0140	Pure			4089944			Privilege Underwriters, Inc.	FL	IA	Other non-Nationwide	n/a		Other non-Nationwide	
4664	Pure	13204	26-3109178				Pure Insurance Company	FL	IA	Other non-Nationwide	n/a		Other non-Nationwide	
4664	Pure						Pure Risk Management, LLC	FL	IA	Other non-Nationwide	n/a		Other non-Nationwide	
4664	Nationwide		75-2938844	159615800			Registered Investment Advisors Services, Inc.	TX	NIA	Nationwide Financial Services, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide		82-0549218	32219			Retention Alternatives, Ltd.	BMU	IA	Nationwide Mutual Fire Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			3922674			Riverview Diversified Opportunities Fund, LLC	DE	OTH	Nationwide Mutual Insurance Company	Ownership		Nationwide Mutual Insurance Company	1
0140	Nationwide			3922674			Riverview Diversified Opportunities Fund, LLC	DE	OTH	Nationwide Mutual Fire Insurance Company	Ownership		Nationwide Mutual Insurance Company	1
0140	Nationwide			3922674			Riverview Diversified Opportunities Fund, LLC	DE	OTH	Nationwide Life Insurance Company	Ownership		Nationwide Mutual Insurance Company	1
0140	Nationwide		22-3655264	3043824			Riverview International Group, Inc.	DE	NIA	NWD Investment Management, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			3394557			Riverview Multi Series Fund, LL - Class Event	DE	OTH	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			3394557			Riverview Multi Series Fund, LL - Class N	DE	OTH	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide			3394557			Riverview Polyphony Fund, LLC	DE	OTH	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	15580	31-1117969	643981			Scottsdale Indemnity Company	OH	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	41297	31-1024978	704061			Scottsdale Insurance Company	OH	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
0140	Nationwide	10672	86-0835870				Scottsdale Surplus Lines Insurance Company	AZ	IA	Scottsdale Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0140	Nationwide		31-1486309	1822953			Streets of Toringdon, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						The Association for Theater Based Community Development, LLC		..OTH	Nationwide Mutual Insurance Company	Limited partner /no control	..50.000	other non-Nationwide	
..0140	Nationwide		91-2158214				The Hideaway Club	..CA	..OTH	Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		86-1094799				The Hideaway Owners Association	..CA	..OTH	Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		20-3541511				The Madison Club	..CA	..OTH	Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		20-3541507				The Madison Club Owners Association	..CA	..OTH	Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		31-1610040	1017852			The Waterfront Partners, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..50.000	Nationwide Mutual Insurance Company	..1
..0140	Nationwide		52-2031677	2735015			THI Holdings (Delaware), Inc.	..DE	..NIA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		74-2825853	1855329			Titan Auto Insurance of New Mexico, Inc.	..NM	..IA	Whitehall Holdings, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..13242	74-2286759				Titan Indemnity Company	..TX	..IA	THI Holdings (Delaware), Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..36269	86-0619597				Titan Insurance Company	..MI	..IA	Titan Indemnity Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		75-1284530	23586800			Titan Insurance Services, Inc.	..TX	..NIA	Whitehall Holdings, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		33-0160222				V.P.I. Services, Inc.	..CA	..NIA	Veterinary Pet Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..42285	95-3750113				Veterinary Pet Insurance Company	..CA	..IA	Scottsdale Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..10644	34-1785903				Victoria Automobile Insurance Company	..IN	..IA	Victoria Fire & Casualty Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..42889	34-1394913	616574			Victoria Fire & Casualty Company	..OH	..IA	THI Holdings (Delaware), Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..10778	34-1842604	930061			Victoria National Insurance Company	..OH	..IA	Victoria Fire & Casualty Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..10105	34-1777972	872957			Victoria Select Insurance Company	..OH	..IA	Victoria Fire & Casualty Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..10777	34-1842602	937963			Victoria Specialty Insurance Company	..OH	..IA	Victoria Fire & Casualty Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	..37150	86-0561941				Western Heritage Insurance Company	..AZ	..IA	Scottsdale Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Westport Capital Partners II	..CT	..OTH	Nationwide Mutual Insurance Company	Investor member / no control	..71.000	other non-Nationwide	
..0140	Nationwide		74-2767942	138315500			Whitehall Holdings, Inc.	..TX	..NIA	Nationwide Defined Benefit Master Trust	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		59-3471667				WI of Florida, Inc.	..FL	..NIA	Whitehall Holdings, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	2115076			Wilson Road Developers, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			4410206			Zais Zephyr A-4, LLC	..DE	..OTH	Nationwide Life Insurance Company	Limited member / no control	..60.000	other non-Nationwide	

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 circumstance by a Nationwide entity.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	42-0958655	ALLIED GROUP, INC	(51,000,000)	35,000,000							(16,000,000)	
42579	42-1201931	ALLIED PROP & CAS INS CO	(6,000,000)						*		(6,000,000)	895,670,196
19100	42-6054959	AMCO INSURANCE COMPANY	(45,000,000)						*		(45,000,000)	1,541,937,544
29262	74-1061659	COLONIAL COUNTY MUTUAL INSURANCE CO										153,094,780
18961	68-0066866	CRESTBROOK INSURANCE COMPANY	(10,000,000)						*		(10,000,000)	2,258,711
42587	42-1207150	DEPOSITORS INSURANCE COMPANY							*			559,390,049
13838	42-0618271	FARMLAND MUTUAL INSURANCE COMPANY							*			(11,703,765)
22209	75-6013587	FREEDOM SPECIALTY INSURANCE COMPANY										56,359,740
10674	23-2864924	HARLEYSVILLE INSURANCE COMPANY OF NEW YORK										
									*			261,741,000
00000	51-0241172	HARLEYSVILLE GROUP INC.	43,123,027	989,753,217							1,032,876,244	
23582	41-0417250	HARLEYSVILLE INSURANCE COMPANY	(1,153,050)						*		(1,153,050)	84,563,000
42900	23-2253669	HARLEYSVILLE INSURANCE COMPANY OF NEW JERSEY	(16,300,000)						*		(16,300,000)	(319,417,000)
14516	38-3198542	HARLEYSVILLE LAKE STATES INSURANCE COMPANY										
			(6,600,000)						*		(6,600,000)	(68,514,000)
64327	23-1580983	HARLEYSVILLE LIFE INSURANCE COMPANY		32,074,012							32,074,012	
00000	23-2403000	HARLEYSVILLE LIMITED	(12,302,717)	(16,371,650)							(28,674,367)	
40983	23-2612951	HARLEYSVILLE PENNLAND INSURANCE COMPANY		29,925,081					*		29,925,081	(350,207,000)
35696	23-2384978	HARLEYSVILLE PREFERRED INSURANCE COMPANY	3,337,895	8,103,967					*		11,441,862	(194,280,000)
00000	51-0259283	HARLEYSVILLE SERVICES INC.		5,433,150							5,433,150	
26182	04-1989660	HARLEYSVILLE WORCESTER INSURANCE COMPANY	(5,410,155)	28,103,967					*		22,693,812	(133,945,000)
00000	23-2882311	INSURANCE MANAGEMENT RESOURCES L.P.	(4,695,000)								(4,695,000)	
11991	38-0865250	NATIONAL CASUALTY COMPANY										1,050,348,713
00000	42-1154244	NATIONWIDE ADVANTAGE MORTGAGE COMPANY										
26093	48-0470690	NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA							*			631,903,731
28223	42-1015537	NATIONWIDE AGRIBUSINESS INSURANCE COMPANY										
			(6,000,000)						*		(6,000,000)	784,304,811
10723	95-0639970	NATIONWIDE ASSURANCE COMPANY	(2,500,000)						*		(2,500,000)	26,173,316
00000	31-1177951	NATIONWIDE CASH MANAGEMENT COMPANY		(12,000,000)							(12,000,000)	
00000	31-4416546	NATIONWIDE CORPORATION	(238,000,000)	259,609,330							21,609,330	
00000	31-1486870	NATIONWIDE FINANCIAL SERVICES, INC.	40,000,000	(184,300,000)							(144,300,000)	
23760	31-4425763	NATIONWIDE GENERAL INSURANCE COMPANY							*			376,468,082
10070	31-1399201	NATIONWIDE INDEMNITY COMPANY		(110,000,000)							(110,000,000)	(527,778,033)
25453	95-2130882	NATIONWIDE INSURANCE COMPANY OF AMERICA		35,000,000							35,000,000	871,699,720
10948	31-1613686	NATIONWIDE INSURANCE COMPANY OF FLORIDA		(25,000,000)							(25,000,000)	546,250
92657	31-1000740	NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY		81,000,000							81,000,000	720,550,363
66869	31-4156830	NATIONWIDE LIFE INSURANCE COMPANY	(40,000,000)	(134,700,000)	496,900,000		(670,080,352)				(347,880,352)	(146,885,574)
42110	75-1780981	NATIONWIDE LLOYDS										53,843,642
23779	31-4177110	NATIONWIDE MUTUAL FIRE INS COMPANY							*			166,058,366
23787	31-4177100	NATIONWIDE MUTUAL INS COMPANY	409,500,000	(1,073,021,744)	(496,900,000)		670,080,352		*		(490,341,392)	(9,754,247,723)

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
37877	31-0970750	NATIONWIDE PROPERTY AND CASUALTY INS COMPANY							*			1,302,076,640
00000	31-1486309	NATIONWIDE REALTY INVESTORS, LTD		61,000,000							61,000,000	
13999	27-1712056	OLENTANGY REINSURANCE, LLC		(9,609,330)							(9,609,330)	(573,664,789)
15580	31-1117969	SCOTTSDALE INDEMNITY COMPANY										354,824,979
41297	31-1024978	SCOTTSDALE INSURANCE COMPANY	(45,000,000)						*		(45,000,000)	1,309,236,421
10672	86-0835870	SCOTTSDALE SURPLUS LINES INSURANCE COMPANY										17,855,514
13242	74-2286759	TITAN INDEMNITY INSURANCE COMPANY										166,361,636
36269	86-0619597	TITAN INSURANCE COMPANY										45,238,359
42285	95-3750113	VETERINARY PET INS CO		(2,781,282)							(2,781,282)	
10778	34-1842604	VICTORIA NATIONAL INSURANCE COMPANY							*			18,374
10644	34-1785903	VICTORIA AUTO INSURANCE COMPANY							*			30,088,236
42889	34-1394913	VICTORIA FIRE & CASUALTY INSURANCE COMPANY	(6,000,000)						*		(6,000,000)	194,653,194
10108	34-1777972	VICTORIA SELECT INSURANCE COMPANY							*			73,996,376
10777	34-1842602	VICTORIA SPECIALTY INSURANCE COMPANY							*			44,446,028
00000	33-0160222	V.P.I. SERVICES, INC.		2,781,282					*		2,781,282	
37150	86-0561941	WESTERN HERITAGE INSURANCE COMPANY										304,935,113
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.

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

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING

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

AUGUST FILING

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

Explanations:

- 12.
- 14.
- 20.
- 22.
- 23.
- 27.
- 29.
- 30.
- 33.
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- 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]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

39. Relief from the Requirements for Audit Committees [Document Identifier 226]



42. Credit Insurance Experience Exhibit [Document Identifier 230]



ANNUAL STATEMENT FOR THE YEAR 2012 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	75,525,917	73,153,755	2,372,162	1,980,362
2597. Summary of remaining write-ins for Line 25 from overflow page	75,525,917	73,153,755	2,372,162	1,980,362

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Reserve for escheat funds	16,630,076	19,400,234
2505. Reserve for litigation	22,213,113	5,862,254
2506. Reserve for rate stabilizations	24,120,467	26,438,434
2597. Summary of remaining write-ins for Line 25 from overflow page	62,963,656	51,700,922

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	(478,166)		(478,166)		
0905. Retirement benefits				292,067	
0906. Deferred gain on security transfers				2,494,572	
0997. Summary of remaining write-ins for Line 9 from overflow page	(478,166)		(478,166)	2,786,639	



SUPPLEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	.0034000	08/12/1982		.05/11/2001	.03/01/1992	Medicare Supplement	4,644	638	13.7	1				
YES	2122AL	B	NO	.0034000	06/08/1992	11/06/2002	.05/11/2001	12/01/2002	Medicare Supplement	9,102	711	7.8	3				
YES	2123AL	F	NO	.0034000	06/08/1992	11/06/2002	.05/11/2001	12/01/2002	Medicare Supplement	43,860	14,997	34.2	10				
YES	2129-1	C	NO	.0034000	08/03/1999	11/06/2002	.05/11/2001	12/01/2002	Medicare Supplement	4,007	887	22.1	1				
0199999. Total Experience on Individual Policies										61,613	17,233	28.0	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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	0034000	08/31/1982		04/30/2001	12/01/1989	Medicare Supplement	3,968	2,219	55.9	1				
0199999. Total Experience on Individual Policies										3,968	2,219	55.9	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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	2121CT94	A	NO	.0034060	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement	.78,829	47,601	.60.4	.45				
YES	2122CT94	B	NO	.0034060	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement	151,674	116,645	.76.9	.52				
YES	2123CT94	F	NO	.0034000	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement	299,534	180,718	.60.3	.70				
0199999. Total Experience on Individual Policies										530,037	344,964	65.1	167				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 2009			Policies Issued in 2010; 2011; 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	1522	P	NO	0034000	09/13/1982		05/16/2001	01/01/1991	Medicare Supplement	6,795	15,232	224.2	2				
0199999. Total Experience on Individual Policies										6,795	15,232	224.2	2				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1524	P	NO	.0034000	12/16/1982		.05/10/2001	12/01/1991	Medicare Supplement	154,432	205,764	133.2	84				
YES	2121FL	A	NO	.0034000	03/12/1992	12/03/2002	.05/10/2001	12/01/2002	Medicare Supplement	18,226	15,339	84.2	12				
YES	2122FL	B	NO	.0034000	03/12/1992	12/03/2002	.05/10/2001	12/01/2002	Medicare Supplement	169,519	195,855	115.5	88				
YES	2123FL	F	NO	.0034000	03/12/1992	12/03/2002	.05/10/2001	12/01/2002	Medicare Supplement	1,084,732	976,914	90.1	426				
0199999. Total Experience on Individual Policies										1,426,909	1,393,872	97.7	610				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	.0034000	.11/17/1982		.05/31/2001	.07/01/1989	Medicare Supplement	34,137	20,424	59.8	14				
YES	2121GA	A	NO	.0034000	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement	1,522	730	48.0	1				
YES	2122GA	B	NO	.0034000	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement	13,843	(24)	(0.2)	6				
YES	2123GA	F	NO	.0034000	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement	318,793	221,708	69.5	101				
0199999. Total Experience on Individual Policies										368,295	242,838	65.9	122				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	1522.....	P.....	NO.....	0034000.....	11/20/1982.....		06/26/2001.....	12/01/1989.....	Medicare Supplement.....	690	2,668	386.7					
0199999. Total Experience on Individual Policies										690	2,668	386.7					

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	.0034000	09/21/1982		.05/21/2001	12/01/1991	Medicare Supplement	39,671	40,931	103.2	10				
YES	2121IN	A	NO	.0034000	01/09/1995	11/04/2002	.05/21/2001	12/01/2002	Medicare Supplement	4,020	3,629	90.3	2				
YES	2122IN	B	NO	.0034000	01/09/1995	11/04/2002	.05/21/2001	12/01/2002	Medicare Supplement	5,788	691	11.9	2				
YES	2123IN	F	NO	.0034000	01/09/1995	11/04/2002	.05/21/2001	12/01/2002	Medicare Supplement	17,443	13,861	79.5	4				
0199999. Total Experience on Individual Policies										66,922	59,112	88.3	18				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	0034000	09/27/1982		05/14/2001	12/01/1991	Medicare Supplement	24,958	10,800	43.3	7				
YES	2121KY	A	NO	0034060	06/28/1994	11/04/2002	05/14/2001	12/01/2002	Medicare Supplement	1,962	(10)	(0.5)	1				
YES	2122KY	B	NO	0034060	06/28/1994	11/04/2002	05/14/2001	12/01/2002	Medicare Supplement	9,972	5,354	53.7	4				
YES	2123KY	F	NO	0034060	06/28/1994	11/04/2002	05/14/2001	12/01/2002	Medicare Supplement	54,731	36,027	65.8	15				
0199999. Total Experience on Individual Policies										91,623	52,171	56.9	27				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	2121MD	A	NO	.0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	13,541	10,902	80.5	8				
YES	2122MD	B	NO	.0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	59,808	40,975	68.5	32				
YES	2123MD	F	NO	.0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	951,554	576,351	60.6	267				
0199999. Total Experience on Individual Policies										1,024,903	628,228	61.3	307				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 2009			Policies Issued in 2010; 2011; 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS-1 0990	0	NO	0000007				12/31/1993	Medicare Supplement - Extended Basic	25,806	47,746	185.0	8				
0199999. Total Experience on Individual Policies										25,806	47,746	185.0	8				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010; 2011; 2012			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	.0034000	08/24/1982		04/27/2001	06/01/1992	Medicare Supplement	30,925	11,729	37.9	7				
YES	2122	B	NO	.0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	3,679	21,748	591.1	1				
YES	2123	F	NO	.0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	95,962	58,297	60.8	20				
0199999. Total Experience on Individual Policies										130,566	91,774	70.3	28				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	.0034000	09/13/1982		.04/24/2001	12/01/1991	Medicare Supplement	195,579	112,491	57.5	64				
YES	2121NC	A	NO	.0034060	06/16/1992	11/05/2002	.04/24/2001	12/01/2002	Medicare Supplement	28,300	17,566	62.1	13				
YES	2122NC	B	NO	.0034000	06/16/1992	11/05/2002	.04/24/2001	12/01/2002	Medicare Supplement	37,034	17,990	48.6	13				
YES	2123NC	F	NO	.0034000	06/16/1992	11/05/2002	.04/24/2001	12/01/2002	Medicare Supplement	712,857	577,683	81.0	273				
YES	2124NC	J	NO	.0034000	06/16/1992	11/05/2002	.04/24/2001	12/01/2002	Medicare Supplement	40,054	16,046	40.1	7				
YES	2129NC	C	NO	.0034060	07/05/2000	11/05/2002	.04/24/2001	12/01/2002	Medicare Supplement	16,060	1,113	6.9	3				
0199999. Total Experience on Individual Policies										1,029,884	742,889	72.1	373				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	0034000	07/15/1982		05/15/2001	04/01/1992	Medicare Supplement	276,829	188,721	68.2	79				
YES	2121	A	NO	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	22,973	13,363	58.2	13				
YES	2122	B	NO	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	225,796	152,588	67.6	96				
YES	2123	F	NO	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	1,703,980	1,062,538	62.4	517				
0199999. Total Experience on Individual Policies										2,229,578	1,417,210	63.6	705				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010; 2011; 2012			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	1522.....	P.....	NO.....	0034000.....	02/05/1986.....		06/01/2001.....	01/01/1989.....	Medicare Supplement.....	7,671.....	301.....	3.9.....	1.....				
0199999. Total Experience on Individual Policies										7,671	301	3.9	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".

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SUPPLEMENT FOR THE YEAR 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010; 2011; 2012			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	0034000	11/30/1982		05/07/2001	08/01/1989	Medicare Supplement	201,950	103,817	51.4	57				
YES	2121PA	A	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	47,549	27,122	57.0	28				
YES	2122PA	B	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	208,859	118,858	56.9	83				
YES	2129	C	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	1,233,089	934,745	75.8	409				
0199999. Total Experience on Individual Policies										1,691,447	1,184,542	70.0	577				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	.0034000	10/06/1982		.04/24/2001	.04/01/1992	Medicare Supplement	84,599	51,243	60.6	29				
YES	2121SC	A	NO	.0034000	02/05/1993	11/05/2002	.04/24/2001	12/01/2002	Medicare Supplement	599	2,042	340.9					
YES	2122SC	B	NO	.0034000	02/05/1993	11/05/2002	.04/24/2001	12/01/2002	Medicare Supplement	18,410	2,963	16.1	7				
YES	2123SC	F	NO	.0034000	02/05/1993	11/05/2002	.04/24/2001	12/01/2002	Medicare Supplement	251,343	165,897	66.0	72				
0199999. Total Experience on Individual Policies										354,951	222,145	62.6	108				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	.0034000	09/01/1982		.05/31/2001	.06/01/1992	Medicare Supplement	38,388	2,596	6.8	11				
YES	2122TN	B	NO	.0034000	06/30/1992	11/19/2002	.05/31/2001	12/01/2002	Medicare Supplement	5,270	1,196	22.7	2				
YES	2123TN	F	NO	.0034000	06/30/1992	11/19/2002	.05/31/2001	12/01/2002	Medicare Supplement	177,564	95,726	53.9	47				
YES	2129TN	C	NO	.0034000	03/10/2000	11/19/2002	.05/31/2001	12/01/2002	Medicare Supplement		7						
0199999. Total Experience on Individual Policies										221,222	99,525	45.0	60				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010; 2011; 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P	NO	.0034000	09/27/1982		.05/11/2001	.02/01/1989	Medicare Supplement	127,669	116,460	91.2	36				
YES	2121VA	A	NO	.0034000	07/30/1992	11/21/2002	.05/11/2001	12/01/2002	Medicare Supplement	6,074	4,266	70.2	4				
YES	2122VA	B	NO	.0034000	07/30/1992	11/21/2002	.05/11/2001	12/01/2002	Medicare Supplement	57,500	41,066	71.4	32				
YES	2123VA	F	NO	.0034000	07/30/1992	11/21/2002	.05/11/2001	12/01/2002	Medicare Supplement	804,815	626,076	77.8	250				
0199999. Total Experience on Individual Policies										996,058	787,868	79.1	322				

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 2012 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2012 (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

Table with 6 rows (Prior to 2012) and 5 columns (Net Amount Paid Policyholders for 2008-2011 and 2012(a)).

Section B - Other Accident and Health

Table with 6 rows (Prior to 2012) and 5 columns (Net Amount Paid Policyholders for 2008-2011 and 2012(a)).

Section C - Credit Accident and Health

Table with 6 rows (Prior to 2012) and 5 columns. All data cells contain 'NONE'.

Section D -

Table with 6 rows (Prior to 2012) and 5 columns. All data cells contain 'NONE'.

Section E -

Table with 6 rows (Prior to 2012) and 5 columns. All data cells contain 'NONE'.

Section F -

Table with 6 rows (Prior to 2012) and 5 columns. All data cells contain 'NONE'.

Section G -

Table with 6 rows (Prior to 2012) and 5 columns. All data cells contain 'NONE'.

(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 2012 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 2008	2 2009	3 2010	4 2011	5 2012
1. 2008	1,751	817	110	XXX	XXX
2. 2009	XXX	1,368	736	32	XXX
3. 2010	XXX	XXX	1,151	647	38
4. 2011	XXX	XXX	XXX	998	460
5. 2012	XXX	XXX	XXX	XXX	1,038

Section B - Other Accident and Health

1. 2008	283	136	130	XXX	XXX
2. 2009	XXX	286	193	133	XXX
3. 2010	XXX	XXX	302	179	126
4. 2011	XXX	XXX	XXX	287	225
5. 2012	XXX	XXX	XXX	XXX	264

Section C - Credit Accident and Health

1. 2008				XXX	XXX
2. 2009	XXX				XXX
3. 2010	XXX				
4. 2011	XXX	XXX	XXX		
5. 2012	XXX	XXX	XXX	XXX	

NONE

Section D -

1. 2008				XXX	XXX
2. 2009	XXX				XXX
3. 2010	XXX				
4. 2011	XXX	XXX	XXX		
5. 2012	XXX	XXX	XXX	XXX	

NONE

Section E -

1. 2008				XXX	XXX
2. 2009	XXX				XXX
3. 2010	XXX				
4. 2011	XXX	XXX	XXX		
5. 2012	XXX	XXX	XXX	XXX	

NONE

Section F -

1. 2008				XXX	XXX
2. 2009	XXX				XXX
3. 2010	XXX				
4. 2011	XXX	XXX	XXX		
5. 2012	XXX	XXX	XXX	XXX	

NONE

Section G -

1. 2008				XXX	XXX
2. 2009	XXX				XXX
3. 2010	XXX				
4. 2011	XXX	XXX	XXX		
5. 2012	XXX	XXX	XXX	XXX	

NONE

**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 2008	2 2009	3 2010	4 2011	5 2012
1. 2008	1,751	817	110	.92	.87
2. 2009	XXX	1,368	736	.32	.14
3. 2010	XXX	XXX	1,151	.647	.38
4. 2011	XXX	XXX	XXX	.998	.460
5. 2012	XXX	XXX	XXX	XXX	1,038

Section B - Other Accident and Health

1. 2008	283	136	130	129	126
2. 2009	XXX	286	193	133	125
3. 2010	XXX	XXX	302	.179	.126
4. 2011	XXX	XXX	XXX	.287	.225
5. 2012	XXX	XXX	XXX	XXX	264

Section C - Credit Accident and Health

1. 2008					
2. 2009	XXX				
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XXX	XXX	XXX	XXX	

Section D -

1. 2008					
2. 2009	XXX				
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XXX	XXX	XXX	XXX	

Section E -

1. 2008					
2. 2009	XXX				
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XXX	XXX	XXX	XXX	

Section F -

1. 2008					
2. 2009	XXX				
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XXX	XXX	XXX	XXX	

Section G -

1. 2008					
2. 2009	XXX				
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Other	45,551
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	Other	5,045
7. Group Annuities	Other	.28
8. Group Accident and Health	Standard Factor & Development	35,477
9. Credit Accident and Health		
10. Other Accident and Health	Standard Factor & Development	1,450
11. Total		87,551

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