



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENTFOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE**Nationwide Life Insurance Company**

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

OFFICERS

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

OTHER

Anne Louise Arvia Sr VP - NW Retirement Plans	Wesley Kim Austen Sr VP - P&C Comm/Farm Prod	David Alan Bano Sr VP - Chief Claims Officer
James David Benson Sr VP - CAO & Corp Controller	David William Berson Sr VP - Chief Economist	Pamela Ann Biesecker Sr VP - Head of Taxation
William Joseph Burke Sr VP - Corp Marketing	John Laughlin Carter Sr VP - NW Retirement Plans	Thomas Edward Clark # Sr VP - Field Operations IC
Tammy Craig Sr VP - IT Strategic Initiatives	Rae Ann Dankovic # Sr VP - NFS Legal	Steven Michael English Sr VP - Government Relations
Terri Lisa Forgy Sr VP - Talent, Div & Org Effect	Timothy Gerard Frommeyer Sr VP - CFO	Mark Anthony Gaetano Sr VP - BTO
David Luther Giertz # Sr VP - NF Distrib & Sales	Peter Anthony Golato Sr VP - NW Financial Network	Judith Lynn Greenstein Sr VP - Pres Nationwide Bank
Daniel Gerard Gretzman Sr VP - CIO Allied Group	Susan Jean Gueli Sr VP - CIO NF Systems	Melissa Doss Gutierrez Sr VP - PCIO Sales Support
Harry Hansen Hallowell Sr VP	Jennifer Marie Hanley Sr VP, NI Brand Marketing	Patricia Ruth Hatter Exec VP & Chief Legal & Gov Off
Eric Shawn Henderson Sr VP - Ind Products & Sol	Peter Joseph Hersha # Sr VP - Trial Division	Terri Lynn Hill Exec VP
Matthew Eric Jauchius Exec VP - Chief Market	Michael Craig Keller Exec VP - Chief Info Officer	Gale Verrell King Exec VP - Chief Human Res Officer
Michael Patrick Leach Sr VP - CFO - P&C	Katherine Marie Liebel Sr VP - Corp Strategy	Michael William Mahaffey Sr VP, Chief Risk Officer
Kai Vincent Monahan Sr VP - Internal Audit	Gregory Stephen Moran Sr VP - CIO IT Infrastructure	Sandra Lee Neely Sr VP - Deputy Gen Counsel
Mark Angelo Pizzi Exec VP	Steven Charles Power Sr VP - NF	Stephen Scott Rasmussen Chief Executive Officer
Sandra Lynn Rich Sr VP - Chief Compliance Officer	Michael Anthony Richardson Sr VP - CIO Enter Apps	Amy Taylor Shore Sr VP - Field Operations EC
David Gerard Sommers # Sr VP-Cust Insights & Analysts	Michael Scott Spangler Sr VP - Invest Manag Group	Mark Raymond Thresher Exec VP
Guruprasad Chitrapura Vasudeva Sr VP - Ent CTO	Andrew Dawnly Walker Sr VP - IT Finance SMS/PMO	

DIRECTORS OR TRUSTEES

John Laughlin Carter #	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.

Kirt Alan Walker
President & COORobert William Horner, III
VP - Corp Governance & SecretaryDavid Patrick LaPaul
Sr VP & TreasurerSubscribed and sworn to before me this
31 day of JANUARY, 2014

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		5,827,284		65,688		5,892,972
2. Annuity considerations		2,729,729				2,729,729
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		45,697,140		59,802,257		105,499,397
5. Totals (Sum of Lines 1 to 4)		54,254,153		59,867,945		114,122,098
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		123,474		25		123,498
6.2 Applied to pay renewal premiums		74,246				74,246
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		221,814				221,814
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		419,534		25		419,559
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		762				762
7.4 Totals (Sum of Lines 7.1 to 7.3)		762				762
8. Grand Totals (Lines 6.5 plus 7.4)		420,296		25		420,321
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		3,091,897		(114,354)		2,977,543
10. Matured endowments		3,000				3,000
11. Annuity benefits		51,193,508		69,867,004		121,060,512
12. Surrender values and withdrawals for life contracts		3,085,359		.683		3,086,042
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		102,196				.102,196
15. Totals		57,475,961		69,753,333		127,229,294
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.13	132,763			4	11,035			.17	.143,798
17. Incurred during current year .....	.76	3,122,572			7	10,646			.83	3,133,218
Settled during current year:										
18.1 By payment in full .....	.80	3,094,492			11	21,681			.91	3,116,173
18.2 By payment on compromised claims										
18.3 Totals paid .....	.80	3,094,492			11	21,681			.91	3,116,173
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.80	3,094,492			11	21,681			.91	3,116,173
19. Unpaid Dec. 31, current year (16+17-18.6)	9	160,844							9	160,844
POLICY EXHIBIT										
20. In force December 31, prior year	7,747	1,018,102,896	(a)		2	27,010,151			.7,749	1,045,113,048
21. Issued during year .....	.14	19,903,408							.14	19,903,408
22. Other changes to in force (Net)	(428)	(58,942,702)				(583,958)			(428)	(59,526,661)
23. In force December 31 of current year	7,333	979,063,602	(a)	2	26,426,193				7,335	1,005,489,795

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,117,192	830,953		.355,392	.359,692
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b) .....	.74,508	.74,508		.25,775	.25,775
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) .....	.74,508	.74,508		.25,775	.25,775
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,191,701	905,462		.381,167	.385,467

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,120 and number of persons insured under indemnity only products 554 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,210,303		6,650		1,216,953
2. Annuity considerations		764,976				764,976
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations .....		.7,641,565		1,518,752		9,160,317
5. Totals (Sum of Lines 1 to 4)		9,616,844		1,525,402		11,142,246
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		8,161				8,161
6.2 Applied to pay renewal premiums		10,098				10,098
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		12,321				12,321
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		30,579				30,579
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		802				802
7.4 Totals (Sum of Lines 7.1 to 7.3)		802				802
8. Grand Totals (Lines 6.5 plus 7.4)		31,382				31,382
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		31,107		1,000		32,107
10. Matured endowments						
11. Annuity benefits		5,531,375		2,601,752		8,133,126
12. Surrender values and withdrawals for life contracts		552,070				552,070
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....		.3				.3
15. Totals		6,114,555		2,602,752		8,717,307
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	1	2	Credit Life (Group and Individual)	3	4	5	6	7	8	9	Total
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior year	3	4,243								3	4,243
17. Incurred during current year	17	31,107			1	1,000				18	32,107
Settled during current year:											
18.1 By payment in full	19	33,169			1	1,000				20	34,169
18.2 By payment on compromised claims											
18.3 Totals paid	19	33,169			1	1,000				20	34,169
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	19	33,169			1	1,000				20	34,169
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,181								1	2,181
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	446	108,181,146	(a)		372,638					446	108,553,784
21. Issued during year											
22. Other changes to in force (Net)	(17)	(2,994,394)	(a)		8,594					(17)	(2,985,800)
23. In force December 31 of current year	429	105,186,752	(a)		381,232					429	105,567,985

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	630,841	629,019		1,330,223	1,330,723
24.1 Federal Employees Health Benefits Plan 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)	630,841	629,019		1,330,223	1,330,723
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ . 34 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	12,913,528			10,659,428		23,572,956
2. Annuity considerations	9,493,939					9,493,939
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	138,907,805			161,970,348		300,878,153
5. Totals (Sum of Lines 1 to 4)	161,315,272			172,629,776		333,945,048
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	140,862					140,862
6.2 Applied to pay renewal premiums	157,252					157,252
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	228,629					228,629
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	526,743					526,743
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	3,057					3,057
7.4 Totals (Sum of Lines 7.1 to 7.3)	3,057					3,057
8. Grand Totals (Lines 6.5 plus 7.4)	529,799					529,799
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	1,451,406			1,332,971		2,784,378
10. Matured endowments	7,270					7,270
11. Annuity benefits	98,375,010			191,251,641		289,626,651
12. Surrender values and withdrawals for life contracts	6,407,306			2,920		6,410,226
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....	.46,825					.46,825
15. Totals	106,287,817			192,587,532		298,875,349
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.21	559,479			4	.8,285			.25	.567,764
17. Incurred during current year .....	.70	1,434,246			23	50,549			.93	1,484,795
Settled during current year:										
18.1 By payment in full .....	.76	1,797,853			19	38,015			.95	1,835,868
18.2 By payment on compromised claims										
18.3 Totals paid .....	.76	1,797,853			19	38,015			.95	1,835,868
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.76	1,797,853			19	38,015			.95	1,835,868
19. Unpaid Dec. 31, current year (16+17-18.6)	15	195,872			8	20,819			23	216,691
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.5,152	.973,041,670	(a)		147	.559,920,319			.5,299	1,532,961,989
21. Issued during year .....	.48	45,963,102			.33	21,248,000			.81	67,211,102
22. Other changes to in force (Net)	(.306)	(38,499,263)				4,371,842			(.306)	(34,127,421)
23. In force December 31 of current year	4,894	980,505,509	(a)		180	585,540,162			5,074	1,566,045,671

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	3,705,765	3,844,905		.1,965,180	2,073,080
24.1 Federal Employees Health Benefits Plan 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)	28,032	28,032		.63,931	63,931
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)	29,122	29,122		.63,931	63,931
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,735,308	3,874,448		2,029,111	2,137,011

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,032,432			.32,520		2,064,952
2. Annuity considerations	4,535,220					4,535,220
3. Deposit-type contract funds			XXX			
4. Other considerations	34,490,877			36,922,087		71,412,964
5. Totals (Sum of Lines 1 to 4)	41,058,528			36,954,607		78,013,135
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....	.46,794					.46,794
6.2 Applied to pay renewal premiums	15,322					15,322
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	.77,111					.77,111
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	139,226					139,226
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	2,167					2,167
7.4 Totals (Sum of Lines 7.1 to 7.3)	2,167					2,167
8. Grand Totals (Lines 6.5 plus 7.4)	141,392					141,392
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	1,773,576			.36,060		1,809,635
10. Matured endowments	2,000					2,000
11. Annuity benefits	25,212,866			18,746,004		43,958,869
12. Surrender values and withdrawals for life contracts	1,477,579			2,719		1,480,298
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	26,788					26,788
15. Totals	28,492,809			18,784,782		47,277,591
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	5	1,102,144							5	1,102,144
17. Incurred during current year	25	1,771,069			1	11,264			.26	1,782,333
Settled during current year:										
18.1 By payment in full	26	1,976,944			1	11,264			.27	1,988,208
18.2 By payment on compromised claims										
18.3 Totals paid	26	1,976,944			1	11,264			.27	1,988,208
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	26	1,976,944			1	11,264			.27	1,988,208
19. Unpaid Dec. 31, current year (16+17-18.6)	4	896,269							4	896,269
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,114	.396,965,070	(a)		8	19,122,883			3,122	416,087,953
21. Issued during year	1	1,000,000							1	1,000,000
22. Other changes to in force (Net)	(205)	-(25,423,561)				(58,583)			(205)	(25,482,144)
23. In force December 31 of current year	2,910	372,541,509	(a)	8	19,064,300				2,918	391,605,809

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,263,335	1,349,797		.554,093	1,050,993
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	215	215			4,160
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,376	6,376			961
25.3 Non-renewable for stated reasons only (b)	1,672	1,672			65,329
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,048	8,048			66,290
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,271,598	1,358,060			624,542
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products				119	and number of persons
				831	.



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	65,218,908			74,429,558		139,648,466
2. Annuity considerations	63,645,308					63,645,308
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	643,702,364			367,585,234		1,011,287,598
5. Totals (Sum of Lines 1 to 4)	772,566,580			442,014,792		1,214,581,372
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	925,579			174		.925,753
6.2 Applied to pay renewal premiums	1,118,337			35		1,118,372
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,773,657			118		1,773,775
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,817,573			327		3,817,900
Annuities:						
7.1 Paid in cash or left on deposit	218					218
7.2 Applied to provide paid-up annuities	434					434
7.3 Other	13,124					13,124
7.4 Totals (Sum of Lines 7.1 to 7.3)	13,776					13,776
8. Grand Totals (Lines 6.5 plus 7.4)	3,831,348			327		3,831,675
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	29,205,258			3,869,773		33,075,031
10. Matured endowments	105,001					105,001
11. Annuity benefits	559,035,604			399,486,100		958,521,704
12. Surrender values and withdrawals for life contracts	49,555,016			5,085,556		54,640,572
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	148,376					148,376
15. Totals	638,049,255			408,441,428		1,046,490,684
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.89	2,656,323			16	332,136			105	2,988,459
17. Incurred during current year	306	29,174,090			69	3,324,732			375	32,498,821
Settled during current year:										
18.1 By payment in full	299	30,541,263			54	3,589,838			353	.34,131,101
18.2 By payment on compromised claims					54	3,589,838			353	.34,131,101
18.3 Totals paid	299	30,541,263			54	3,589,838			353	.34,131,101
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	299	30,541,263			54	3,589,838			353	.34,131,101
19. Unpaid Dec. 31, current year (16+17-18.6)	96	1,289,150			31	67,030			127	1,356,179
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	26,077	8,048,435,539	(a)		1,977	2,671,580,936			28,054	10,720,016,475
21. Issued during year	192	170,654,797			.33	125,003,549			225	295,658,346
22. Other changes to in force (Net)	(1,667)	(574,712,737)			(24)	21,023,914			(1,691)	(553,688,823)
23. In force December 31 of current year	24,602	7,644,377,599	(a)		1,986	2,817,608,399			26,588	10,461,985,998

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	25,839,753	.16,321,567		.6,880,190	8,369,218
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	211	211			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	25,015	25,015		29,133	29,133
25.3 Non-renewable for stated reasons only (b)	2,093	2,093		121	121
25.4 Other accident only					
25.5 All other (b)	175	175		1,800	1,800
25.6 Totals (sum of Lines 25.1 to 25.5)	27,283	27,283		.31,055	.31,055
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,867,246	16,349,061		6,911,245	8,400,273

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 19,941 and number of persons insured under indemnity only products 2,646 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,987,808		2,561,235		7,549,043
2. Annuity considerations		7,428,781				7,428,781
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		84,001,555		37,145,233		121,146,788
5. Totals (Sum of Lines 1 to 4)		96,418,145		39,706,468		136,124,613
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		112,738				112,738
6.2 Applied to pay renewal premiums		145,284		6		145,290
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		184,781				184,781
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		442,803		6		442,808
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		60				60
7.3 Other		1,894				1,894
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,953				1,953
8. Grand Totals (Lines 6.5 plus 7.4)		444,756		6		444,762
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,102,896		33,557		2,136,453
10. Matured endowments		14,919				14,919
11. Annuity benefits		60,552,116		73,013,340		133,565,456
12. Surrender values and withdrawals for life contracts		8,987,476				8,987,476
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		1,891				1,891
15. Totals		71,659,299		73,046,897		144,706,195
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.14	244,157							.14	.244,157
17. Incurred during current year .....	.35	2,095,362			.14	33,557			.49	2,128,919
Settled during current year:										
18.1 By payment in full .....	.42	2,327,225			.14	33,557			.56	2,360,782
18.2 By payment on compromised claims										
18.3 Totals paid .....	.42	2,327,225			.14	33,557			.56	2,360,782
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.42	2,327,225			.14	33,557			.56	2,360,782
19. Unpaid Dec. 31, current year (16+17-18.6)	7	12,294							7	12,294
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,725	823,582,704	(a)		63	194,191,821			4,788	1,017,774,525
21. Issued during year .....	.44	35,705,889							.44	35,705,889
22. Other changes to in force (Net)	(223)	(70,419,885)			1	(168,105)			(222)	(70,587,990)
23. In force December 31 of current year	4,546	788,868,708	(a)		64	194,023,716			4,610	982,892,425

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 No.	2 Amount	3 No. of Certifs.	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
24. Group Policies (b)		7,473,315		7,719,549				7,599,945		7,616,945
24.1 Federal Employees Health Benefits Plan 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)		16,543		16,543				8,161		8,161
25.3 Non-renewable for stated reasons only (b)		276		276						
25.4 Other accident only										
25.5 All other (b)								224		224
25.6 Totals (sum of Lines 25.1 to 25.5)		16,819		16,819				10,785		10,785
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		7,490,134		7,736,368				7,610,730		7,627,730

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,273 and number of persons insured under indemnity only products 472 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.7,569,697			105,544		7,675,240
2. Annuity considerations	17,532,255					17,532,255
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	112,253,421			41,880,972		154,134,393
5. Totals (Sum of Lines 1 to 4)	137,355,373			41,986,515		179,341,888
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	312,817					.312,817
6.2 Applied to pay renewal premiums	228,326					228,326
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	389,061			24		.389,085
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	930,203			24		.930,227
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	126					126
7.4 Totals (Sum of Lines 7.1 to 7.3)	126					126
8. Grand Totals (Lines 6.5 plus 7.4)	930,329			24		930,353
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits .....	.6,332,646			90,171		6,422,817
10. Matured endowments	26,850					26,850
11. Annuity benefits	90,501,037			44,617,493		135,118,530
12. Surrender values and withdrawals for life contracts	5,925,071			.91,354		.6,016,425
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	37,326					37,326
15. Totals	102,822,930			44,799,019		147,621,948
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.32	572,499			2	.3,000			.34	.575,499
17. Incurred during current year	166	6,065,851			.15	34,136			.181	6,099,987
Settled during current year:										
18.1 By payment in full	162	6,304,221			.13	.32,104			.175	.6,336,325
18.2 By payment on compromised claims										
18.3 Totals paid	162	6,304,221			.13	.32,104			.175	.6,336,325
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	162	6,304,221			.13	.32,104			.175	.6,336,325
19. Unpaid Dec. 31, current year (16+17-18.6)	36	334,129			4	5,032			40	339,161
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12,625	1,507,353,179	(a)		.60	85,568,722			.12,685	1,592,921,901
21. Issued during year	6	4,300,000							.6	4,300,000
22. Other changes to in force (Net)	(812)	(104,794,572)			(1)	(890,798)			(813)	(105,685,369)
23. In force December 31 of current year	11,819	1,406,858,607	(a)		59	84,677,924			11,878	1,491,536,531

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	19,353,336	10,361,925		.4,956,870	7,178,670
24.1 Federal Employees Health Benefits Plan 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)	420,738	420,738		.235,253	.235,253
25.3 Non-renewable for stated reasons only (b)	511	511			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	421,249	421,249		.235,253	.235,253
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,774,585	10,783,174		5,192,123	7,413,923

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____, current year \$ 14,989 and number of persons insured under indemnity only products _____, current year \$ 255.



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	23,194,773			137,085,573		160,280,346
2. Annuity considerations	5,356,693					5,356,693
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations	37,976,701			2,281,811		40,258,512
5. Totals (Sum of Lines 1 to 4)	66,528,167			139,367,384		205,895,551
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	227,989			13		228,002
6.2 Applied to pay renewal premiums	206,613					206,613
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	667,057					667,057
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,101,659			13		1,101,672
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)	1,101,659			13		1,101,672
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	9,477,924			57,234,677		66,712,601
10. Matured endowments	124,649					124,649
11. Annuity benefits	14,950,353			7,263,237		22,213,591
12. Surrender values and withdrawals for life contracts	12,120,332			5,000,000		17,120,332
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	46,940					46,940
15. Totals	36,720,199			69,497,914		106,218,112
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	27	.96,751			2	.58,099			29	.154,849
17. Incurred during current year	147	9,430,455			40	57,218,637			187	66,649,092
Settled during current year:										
18.1 By payment in full	152	9,104,976			40	56,640,250			192	.65,745,226
18.2 By payment on compromised claims										
18.3 Totals paid	152	9,104,976			40	56,640,250			192	.65,745,226
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	152	9,104,976			40	56,640,250			192	.65,745,226
19. Unpaid Dec. 31, current year (16+17-18.6)	22	422,230			2	636,486			24	1,058,716
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13,162	2,278,938,252	(a)		.9,524	16,389,627,242			22,686	18,668,565,494
21. Issued during year	121	112,180,419			361	.373,116,375			482	485,296,794
22. Other changes to in force (Net)	(617)	(81,903,534)			(29)	.50,546,358			(646)	(31,357,176)
23. In force December 31 of current year	12,666	2,309,215,137	(a)		9,856	16,813,289,975			22,522	19,122,505,112

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	5,113,950	4,585,039		2,281,113	2,263,713
24.1 Federal Employees Health Benefits Plan 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)	9,564	.9,564		5,805	5,805
25.3 Non-renewable for stated reasons only (b)	3,867	.3,867			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	13,431	13,431		5,805	5,805
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,127,381	4,598,469		2,286,917	2,269,517

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,396 and number of persons insured under indemnity only products 115 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	747,591		.31,875		.779,466
2. Annuity considerations	738,057				.738,057
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations .....	.9,856,008		1,360,103		11,216,111
5. Totals (Sum of Lines 1 to 4)	11,341,656		1,391,978		12,733,634
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....	.39,484				.39,484
6.2 Applied to pay renewal premiums	40,024				40,024
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	.31,461				.31,461
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	110,968				.110,968
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other .....	.181				.181
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	.181				.181
8. Grand Totals (Lines 6.5 plus 7.4)	111,149				111,149
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	139,443		.40,135		.179,578
10. Matured endowments					
11. Annuity benefits .....	.5,139,112		.9,487,684		.14,626,796
12. Surrender values and withdrawals for life contracts .....	.591,182		.41,851		.633,033
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health .....	.1,136				.1,136
15. Totals	5,870,874		9,569,670		15,440,543
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	Total 10 Amount
16. Unpaid December 31, prior year .....	.10	.44,037				.6	.72,757			.16	.116,794
17. Incurred during current year .....	.15	.135,943				.8	.18,481			.23	.154,424
Settled during current year:											
18.1 By payment in full .....	.19	.160,761				.6	.15,072			.25	.175,833
18.2 By payment on compromised claims											
18.3 Totals paid .....	.19	.160,761				.6	.15,072			.25	.175,833
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements .....	.19	.160,761				.6	.15,072			.25	.175,833
19. Unpaid Dec. 31, current year (16+17-18.6)	6	.19,219				.8	.76,166			.14	.95,385
POLICY EXHIBIT						No. of Policies					
20. In force December 31, prior year	1,137	.401,848,188	(a)			2	.4,426,268			1,139	.406,274,456
21. Issued during year		(.547,043)									(.547,043)
22. Other changes to in force (Net)	(56)	.8,618,660					(.89,529)			(56)	.8,529,131
23. In force December 31 of current year	1,081	.409,919,805	(a)			2	.4,336,739			1,083	.414,256,544

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.293,093	.288,654		.9,969	.12,659
24.1 Federal Employees Health Benefits Plan 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) .....	.4,354	.4,354		.243	.243
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) .....	.4,354	.4,354		.243	.243
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	.297,447	.293,008		.10,212	.12,902

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		26,867,752		25,129,097		51,996,849
2. Annuity considerations		46,024,869				46,024,869
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		451,660,731		.517,409,361		.969,070,092
5. Totals (Sum of Lines 1 to 4)		524,553,352		542,538,458		1,067,091,810
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,006,549		107		1,006,655
6.2 Applied to pay renewal premiums		857,268		6		.857,274
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,429,013		54		1,429,067
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		3,292,830		167		3,292,997
Annuities:						
7.1 Paid in cash or left on deposit		3				3
7.2 Applied to provide paid-up annuities		40				.40
7.3 Other		1,215				1,215
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,257				1,257
8. Grand Totals (Lines 6.5 plus 7.4)		3,294,087		167		3,294,254
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		33,676,120		2,017,025		35,693,144
10. Matured endowments		209,491				209,491
11. Annuity benefits		373,208,832		448,698,305		821,907,137
12. Surrender values and withdrawals for life contracts		28,611,750		.116,143		28,727,894
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		343,342				343,342
15. Totals		436,049,536		450,831,473		886,881,009
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	122	1,673,051			10	118,861			132	1,791,912
17. Incurred during current year	481	33,736,722			.56	742,117			.537	.34,478,840
Settled during current year:										
18.1 By payment in full	499	32,222,642			.47	775,759			.546	.32,998,401
18.2 By payment on compromised claims										
18.3 Totals paid	499	32,222,642			.47	775,759			.546	.32,998,401
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	499	32,222,642			.47	775,759			.546	.32,998,401
19. Unpaid Dec. 31, current year (16+17-18.6)	104	3,187,131			19	85,219			123	3,272,350
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	35,154	4,834,926,315	(a)		1,440	1,172,037,954			36,594	.6,006,964,269
21. Issued during year .....	.40	21,720,803			.94	125,523,368			.134	.147,244,171
22. Other changes to in force (Net)	(1,785)	(370,408,020)			(5)	.30,228,755			(1,790)	(.340,179,265)
23. In force December 31 of current year	33,409	4,486,239,098	(a)		1,529	1,327,790,076			34,938	5,814,029,174

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	6,607,277	6,522,319		3,235,273	4,344,073
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	411	411			
25.2 Guaranteed renewable (b)	1,240,020	1,240,020		1,152,285	1,152,285
25.3 Non-renewable for stated reasons only (b) .....	.56,031	.56,031			
25.4 Other accident only					
25.5 All other (b) .....	.46	.46		.3,094	.3,094
25.6 Totals (sum of Lines 25.1 to 25.5)	1,296,509	1,296,509		1,155,379	1,155,379
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,903,786	7,818,828		4,390,652	5,499,452

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 63 and number of persons insured under indemnity only products 2,391 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		22,647,150		14,865,251		37,512,401
2. Annuity considerations		8,996,843				8,996,843
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		113,927,641		72,810,915		186,738,556
5. Totals (Sum of Lines 1 to 4)		145,571,634		87,676,166		233,247,800
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		434,142		.505		.434,647
6.2 Applied to pay renewal premiums		288,273		7		288,280
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		628,821		6		628,827
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,351,236		518		1,351,754
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		55				55
7.3 Other		3,506				3,506
7.4 Totals (Sum of Lines 7.1 to 7.3)		3,562				3,562
8. Grand Totals (Lines 6.5 plus 7.4)		1,354,797		518		1,355,315
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,063,346		223,917		6,287,263
10. Matured endowments		8,000				8,000
11. Annuity benefits		80,327,558		172,687,414		253,014,972
12. Surrender values and withdrawals for life contracts		9,899,131		11,698,880		21,598,011
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		123,943				123,943
15. Totals		96,421,978		184,610,211		281,032,189
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	27	641,444			5	17,391			.32	.658,835
17. Incurred during current year	199	5,895,134			24	150,016			223	6,045,150
Settled during current year:										
18.1 By payment in full	199	5,516,633			27	136,038			226	5,652,671
18.2 By payment on compromised claims										
18.3 Totals paid	199	5,516,633			27	136,038			226	5,652,671
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	199	5,516,633			27	136,038			226	5,652,671
19. Unpaid Dec. 31, current year (16+17-18.6)	27	1,019,944			2	31,369			29	1,051,313
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14,930	2,321,152,034	(a)		448	549,522,864			15,378	2,870,674,898
21. Issued during year .....	.49	28,815,028							.49	28,815,028
22. Other changes to in force (Net)	(877)	(154,313,070)			(35)	(23,439,881)			(912)	(177,752,951)
23. In force December 31 of current year	14,102	2,195,653,992	(a)		413	526,082,984			14,515	2,721,736,976

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	3,721,738	3,090,261		1,737,971	1,795,373
24.1 Federal Employees Health Benefits Plan 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)	19,718	19,718			
25.2 Guaranteed renewable (b)	418,096	418,096		305,446	305,446
25.3 Non-renewable for stated reasons only (b)	48,658	48,658			
25.4 Other accident only					
25.5 All other (b)	29	29			
25.6 Totals (sum of Lines 25.1 to 25.5)	486,501	486,501		305,446	305,446
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,208,240	3,576,763		2,043,417	2,100,819

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 915 and number of persons insured under indemnity only products _____ 1,101 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,338,417		296,629		1,635,046
2. Annuity considerations		3,707,355				3,707,355
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		53,159,345		7,370,654		60,529,999
5. Totals (Sum of Lines 1 to 4)		58,205,117		7,667,283		65,872,400
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		19,780				19,780
6.2 Applied to pay renewal premiums		19,082				19,082
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		22,704				22,704
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		61,566				61,566
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)		61,566				61,566
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,265,747		16,504		1,282,251
10. Matured endowments						
11. Annuity benefits		43,725,260		22,831,701		66,556,961
12. Surrender values and withdrawals for life contracts		1,488,011		2,526		1,490,537
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		2				2
15. Totals		46,479,020		22,850,731		69,329,751
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	4	127,968							4	127,968
17. Incurred during current year	9	1,248,747			5	16,504			14	1,265,251
Settled during current year:										
18.1 By payment in full	10	1,079,100			5	16,504			15	1,095,604
18.2 By payment on compromised claims					5	16,504				
18.3 Totals paid	10	1,079,100			5	16,504			15	1,095,604
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	1,079,100			5	16,504			15	1,095,604
19. Unpaid Dec. 31, current year (16+17-18.6)	3	297,615							3	297,615
POLICY EXHIBIT										
20. In force December 31, prior year	1,296	347,547,769	(a)	25		6,216,662			1,321	353,764,431
21. Issued during year	10	3,290,000							10	3,290,000
22. Other changes to in force (Net)	(52)	(15,807,885)				(21,503)			(52)	(15,829,389)
23. In force December 31 of current year	1,254	335,029,884	(a)	25		6,195,159			1,279	341,225,043

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 No.	2 Amount	3 No. of Certifs.	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
24. Group Policies (b)		15,411		15,375					4,504	5,804
24.1 Federal Employees Health Benefits Plan premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)		3,311		3,311					838	838
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)		3,311		3,311					838	838
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		18,722		18,686					5,342	6,642

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ 23 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,167,935		14,923		2,182,857
2. Annuity considerations		186,130				186,130
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		17,526,043		26,200,926		43,726,969
5. Totals (Sum of Lines 1 to 4)		19,880,108		26,215,849		46,095,957
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		19,619		133		19,752
6.2 Applied to pay renewal premiums		7,283				7,283
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		24,570				24,570
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		51,471		133		51,604
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		2,030				2,030
7.4 Totals (Sum of Lines 7.1 to 7.3)		2,030				2,030
8. Grand Totals (Lines 6.5 plus 7.4)		53,501		133		53,634
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,123,675		15,831		1,139,506
10. Matured endowments						
11. Annuity benefits		14,473,605		43,582,759		58,056,364
12. Surrender values and withdrawals for life contracts		708,070		2,102		710,171
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		1				1
15. Totals		16,305,352		43,600,691		59,906,043
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	1	1,000			1	2,669			2	3,669
17. Incurred during current year	9	1,106,855			7	15,831			16	1,122,686
Settled during current year:										
18.1 By payment in full	9	1,106,677			6	13,456			15	1,120,133
18.2 By payment on compromised claims										
18.3 Totals paid	9	1,106,677			6	13,456			15	1,120,133
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9	1,106,677			6	13,456			15	1,120,133
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,178			2	5,044			3	6,222
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	755	155,501,760	(a)		5	7,515,882			760	163,017,642
21. Issued during year .....	.17	17,000,000							.17	17,000,000
22. Other changes to in force (Net)	(37)	(10,262,288)				(7,295)			(37)	(10,269,583)
23. In force December 31 of current year	735	162,239,471	(a)		5	7,508,587			740	169,748,059

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	603,287	610,291		3,716,197	2,688,097
24.1 Federal Employees Health Benefits Plan 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			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	852	852			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	604,139	611,144		3,716,197	2,688,097

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 65 and number of persons insured under indemnity only products 127 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		17,815,304		176,588,734		194,404,038
2. Annuity considerations		16,050,150		192,236		16,242,385
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		209,949,736		205,309,353		415,259,088
5. Totals (Sum of Lines 1 to 4)		243,815,189		382,090,323		625,905,512
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		260,226		22		260,249
6.2 Applied to pay renewal premiums		230,602		8		230,610
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		465,532		7		465,539
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		956,361		37		956,398
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		508				508
7.3 Other		12,364				12,364
7.4 Totals (Sum of Lines 7.1 to 7.3)		12,872				12,872
8. Grand Totals (Lines 6.5 plus 7.4)		969,233		37		969,270
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		14,452,067		2,682,368		17,134,435
10. Matured endowments		25,787				25,787
11. Annuity benefits		181,522,548		273,397,724		454,920,272
12. Surrender values and withdrawals for life contracts		34,416,300		26,101,629		60,517,929
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		32,497				32,497
15. Totals		230,449,199		302,181,721		532,630,920
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	29	355,184			2	.3,291			.31	.358,474
17. Incurred during current year	161	14,169,211			.41	2,630,118			202	.16,799,329
Settled during current year:										
18.1 By payment in full	158	13,164,406			.40	2,626,597			198	.15,791,003
18.2 By payment on compromised claims										
18.3 Totals paid	158	13,164,406			.40	2,626,597			198	.15,791,003
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	158	13,164,406			.40	2,626,597			198	.15,791,003
19. Unpaid Dec. 31, current year (16+17-18.6)	32	1,359,989			3	6,812			35	1,366,801
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14,408	3,137,743,750	(a)		800	1,233,540,310			15,208	4,371,284,061
21. Issued during year .....	.44	40,483,511			.75	438,403,898			119	478,887,409
22. Other changes to in force (Net)	(837)	(277,506,351)			(38)	(48,281,625)			(875)	(325,787,976)
23. In force December 31 of current year	13,615	2,900,720,911	(a)		837	1,623,662,583			14,452	4,524,383,494

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	5,050,686	4,492,240		.1,612,612	2,502,334
24.1 Federal Employees Health Benefits Plan 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)	14,214	14,214		.34,850	.34,850
25.3 Non-renewable for stated reasons only (b)	185	185			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,399	14,399		.35,062	.35,062
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,065,085	4,506,639		1,647,674	2,537,396

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 728 and number of persons insured under indemnity only products 1,431 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,087,952		4,690,130		8,778,081
2. Annuity considerations		9,440,637				9,440,637
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		145,154,279		60,253,101		205,407,380
5. Totals (Sum of Lines 1 to 4)		158,682,867		64,943,230		223,626,098
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		159,659		113		159,773
6.2 Applied to pay renewal premiums		186,789		15		186,804
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		283,185		7		283,192
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		629,634		135		629,769
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		44				.44
7.3 Other		3,302				3,302
7.4 Totals (Sum of Lines 7.1 to 7.3)		3,346				3,346
8. Grand Totals (Lines 6.5 plus 7.4)		632,980		135		633,115
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,096,677		188,852		6,285,530
10. Matured endowments		20,240				20,240
11. Annuity benefits		77,913,873		83,925,472		161,839,344
12. Surrender values and withdrawals for life contracts		4,705,449		27,696		4,733,145
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		33,817				33,817
15. Totals		88,770,056		84,142,020		172,912,077
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	13	.54,191			4	.8,019			17	62,209
17. Incurred during current year	82	5,795,627			29	53,852			111	5,849,479
Settled during current year:										
18.1 By payment in full	84	5,738,980			28	.54,195			112	5,793,175
18.2 By payment on compromised claims										
18.3 Totals paid	84	5,738,980			28	.54,195			112	5,793,175
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	84	5,738,980			28	.54,195			112	5,793,175
19. Unpaid Dec. 31, current year (16+17-18.6)	11	110,838			5	7,676			16	118,514
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,981	790,006,797	(a)		97	163,299,544			8,078	953,306,341
21. Issued during year	19	14,713,984							19	14,713,984
22. Other changes to in force (Net)	(398)	(46,809,093)				2,588			(398)	(46,806,505)
23. In force December 31 of current year	7,602	757,911,689	(a)		97	163,302,132			7,699	921,213,821

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 No.	2 Amount	3 No. of Certifs.	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
24. Group Policies (b)		5,938,210		5,871,986					2,990,271	3,416,194
24.1 Federal Employees Health Benefits Plan 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)		73,158		73,158					55,673	55,673
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)		73,158		73,158					55,673	55,673
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		6,011,368		5,945,144					3,045,943	3,471,867

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 452 and number of persons insured under indemnity only products _____ 665 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,651,573		3,154,813		6,806,386
2. Annuity considerations		3,089,793				3,089,793
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		26,446,299		25,751,140		52,197,439
5. Totals (Sum of Lines 1 to 4)		33,187,665		28,905,953		62,093,618
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....		.93,634				.93,634
6.2 Applied to pay renewal premiums		104,809				104,809
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		146,683		43		146,726
6.4 Other				43		
6.5 Totals (Sum of Lines 6.1 to 6.4)		345,126		43		345,169
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		4,965				4,965
7.4 Totals (Sum of Lines 7.1 to 7.3)		4,965				4,965
8. Grand Totals (Lines 6.5 plus 7.4)		350,091		43		350,134
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,105,352		1,751,435		2,856,787
10. Matured endowments		75,968				75,968
11. Annuity benefits		30,092,881		32,045,997		62,138,879
12. Surrender values and withdrawals for life contracts		1,428,706		2,260		1,430,966
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		3,706				3,706
15. Totals		32,706,613		33,799,693		66,506,306
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	Total 10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	3	493,515			1	.8,969			4	.502,484
17. Incurred during current year .....	.98	1,136,683			5	.6,846			103	1,143,529
Settled during current year:										
18.1 By payment in full .....	.94	1,576,100			2	.3,349			.96	1,579,449
18.2 By payment on compromised claims										
18.3 Totals paid .....	.94	1,576,100			2	.3,349			.96	1,579,449
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.94	1,576,100			2	.3,349			.96	1,579,449
19. Unpaid Dec. 31, current year (16+17-18.6)	7	54,098			4	12,466			11	66,564
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,157	298,712,483	(a)		35	1,033,164,888			2,192	1,331,877,371
21. Issued during year .....	.22	38,500,000							.22	38,500,000
22. Other changes to in force (Net)	(112)	(11,059,339)				(16,077)			(112)	(11,075,415)
23. In force December 31 of current year	2,067	326,153,145	(a)		35	1,033,148,811			2,102	1,359,301,955

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	3,007,506	2,350,084		1,735,595	1,847,695
24.1 Federal Employees Health Benefits Plan 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)	1,672	1,672		1,859	1,859
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)	1,672	1,672		1,859	1,859
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,009,178	2,351,756		1,737,454	1,849,554

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,219 and number of persons insured under indemnity only products 697 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,430,218		818,756		4,248,974
2. Annuity considerations		6,778,374				6,778,374
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		68,582,779		9,419,805		78,002,584
5. Totals (Sum of Lines 1 to 4)		78,791,371		10,238,561		89,029,932
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....		.45,632				.45,632
6.2 Applied to pay renewal premiums .....		.51,913				.51,913
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		117,306		22		.117,328
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4) .....		.214,851		22		.214,873
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other .....		.91				.91
7.4 Totals (Sum of Lines 7.1 to 7.3) .....		.91				.91
8. Grand Totals (Lines 6.5 plus 7.4)		214,943		22		214,964
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,202,597		157,904		1,360,501
10. Matured endowments		1,000				1,000
11. Annuity benefits		65,125,869		10,260,085		75,385,954
12. Surrender values and withdrawals for life contracts		3,878,027		5,342		3,883,369
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		5,096				5,096
15. Totals		70,212,590		10,423,332		80,635,921
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	4	212,920							4	.212,920
17. Incurred during current year	24	1,179,677			4	12,804			.28	.1,192,481
Settled during current year:										
18.1 By payment in full	24	1,131,037			4	12,804			.28	.1,143,841
18.2 By payment on compromised claims										
18.3 Totals paid	24	1,131,037			4	12,804			.28	.1,143,841
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	24	1,131,037			4	12,804			.28	.1,143,841
19. Unpaid Dec. 31, current year (16+17-18.6)	4	261,560							4	.261,560
POLICY EXHIBIT										
20. In force December 31, prior year	2,699	.511,229,459	(a)		3	.58,334,387			2,702	.569,563,846
21. Issued during year	3	300,000							3	.300,000
22. Other changes to in force (Net)	(121)	-(59,052,521)				-(136,506)			(121)	-(59,189,026)
23. In force December 31 of current year	2,581	452,476,938	(a)		3	58,197,881			2,584	510,674,819

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 No.	2 Amount	3 No. of Certifs.	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
24. Group Policies (b)		2,878,294		2,589,284					.916,500	.939,400
24.1 Federal Employees Health Benefits Plan 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)		207		207						
25.3 Non-renewable for stated reasons only (b)		26,087		26,087						
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)		26,295		26,295						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		2,904,589		2,615,578					.916,500	.939,400

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 593 and number of persons insured under indemnity only products 325 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		5,196,218		7,742,696		12,938,914
2. Annuity considerations		5,915,341				5,915,341
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		88,141,071		22,340,790		110,481,861
5. Totals (Sum of Lines 1 to 4)		99,252,630		30,083,486		129,336,116
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		237,008		.14		.237,022
6.2 Applied to pay renewal premiums		319,947				.319,947
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		485,011				.485,011
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,041,966		.14		1,041,980
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		471				471
7.4 Totals (Sum of Lines 7.1 to 7.3)		471				471
8. Grand Totals (Lines 6.5 plus 7.4)		1,042,436		.14		1,042,451
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		10,985,554		5,179,714		16,165,268
10. Matured endowments		27,599				27,599
11. Annuity benefits		39,469,223		29,430,521		68,899,744
12. Surrender values and withdrawals for life contracts		4,472,457		.4,587		4,477,045
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		98,500				98,500
15. Totals		55,053,334		34,614,823		89,668,156
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	22	446,420							22	.446,420
17. Incurred during current year	212	10,953,502			2	.3,964			214	10,957,466
Settled during current year:										
18.1 By payment in full	209	11,212,581			2	.3,964			211	11,216,545
18.2 By payment on compromised claims					2	.3,964			211	11,216,545
18.3 Totals paid	209	11,212,581			2	.3,964			211	11,216,545
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	209	11,212,581			2	.3,964			211	11,216,545
19. Unpaid Dec. 31, current year (16+17-18.6)	25	187,340							25	187,340
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9,099	.916,691,181	(a)			4,032,592,316			9,099	4,949,283,497
21. Issued during year	1	450,000							1	.450,000
22. Other changes to in force (Net)	(574)	-(69,474,231)				(63,470)			(574)	(69,537,701)
23. In force December 31 of current year	8,526	847,666,951	(a)			4,032,528,846			8,526	4,880,195,797

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	7,777,302	7,394,763			4,802,307
24.1 Federal Employees Health Benefits Plan premium (b)					4,842,806
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)	85,310	85,310			52,150
25.3 Non-renewable for stated reasons only (b)	1,005	1,005			52,150
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	86,315	86,315			52,150
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,863,617	7,481,078			4,854,457
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products	464			41	and number of persons



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,037,938		730,754		3,768,692
2. Annuity considerations		2,925,178				2,925,178
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		88,794,745		41,243,146		130,037,891
5. Totals (Sum of Lines 1 to 4)		94,757,860		41,973,900		136,731,760
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		170,940				170,940
6.2 Applied to pay renewal premiums		119,753				119,753
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		167,361		16		167,376
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		458,054		16		458,069
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		1,613				1,613
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,613				1,613
8. Grand Totals (Lines 6.5 plus 7.4)		459,667		16		459,683
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		3,200,401		1,272,348		4,472,749
10. Matured endowments						
11. Annuity benefits		44,051,218		34,251,336		78,302,554
12. Surrender values and withdrawals for life contracts		2,126,936		6,251		2,133,187
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		19,657				19,657
15. Totals		49,398,212		35,529,935		84,928,147
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	7	108,549			4	10,991			11	119,540
17. Incurred during current year .....	.51	3,135,957			18	1,277,238			.69	4,413,195
Settled during current year:										
18.1 By payment in full .....	.54	3,196,647			15	1,265,359			.69	4,462,006
18.2 By payment on compromised claims										
18.3 Totals paid .....	.54	3,196,647			15	1,265,359			.69	4,462,006
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.54	3,196,647			15	1,265,359			.69	4,462,006
19. Unpaid Dec. 31, current year (16+17-18.6)	4	47,859			7	22,870			11	70,729
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,621	306,390,922	(a)		.56	84,490,653			1,677	390,881,576
21. Issued during year	4	2,900,646							4	2,900,646
22. Other changes to in force (Net)	(118)	(35,804,665)			(1)	(29,312)			(119)	(35,833,977)
23. In force December 31 of current year	1,507	273,486,904	(a)		55	84,461,341			1,562	357,948,245

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	3,380,093	3,166,816		1,475,277	1,667,777
24.1 Federal Employees Health Benefits Plan 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)	3,380,093	3,166,816		1,475,277	1,667,777
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 593 and number of persons insured under indemnity only products 433 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,096,215		17,671		1,113,886
2. Annuity considerations		1,219,720				1,219,720
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		17,795,058		5,279,302		23,074,360
5. Totals (Sum of Lines 1 to 4)		20,110,993		5,296,973		25,407,966
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		114,334				114,334
6.2 Applied to pay renewal premiums		108,432				108,432
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		119,398				119,398
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		342,164				342,164
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)		342,164				342,164
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,368,783		14,195		1,382,979
10. Matured endowments		37,291				37,291
11. Annuity benefits		18,048,979		11,728,295		29,777,274
12. Surrender values and withdrawals for life contracts		893,262		6,772		900,034
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		8,107				8,107
15. Totals		20,356,422		11,749,263		32,105,685
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	4	1,129			2	.3,611			6	4,740
17. Incurred during current year .....	.47	1,363,189			2	.6,195			.49	1,369,384
Settled during current year:										
18.1 By payment in full .....	.42	1,206,554			3	.8,706			.45	1,215,260
18.2 By payment on compromised claims										
18.3 Totals paid .....	.42	1,206,554			3	.8,706			.45	1,215,260
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.42	1,206,554			3	.8,706			.45	1,215,260
19. Unpaid Dec. 31, current year (16+17-18.6)	9	157,764			1	1,100			10	158,864
POLICY EXHIBIT										
20. In force December 31, prior year	2,269	196,866,870	(a)		No. of Policies				2,269	199,389,137
21. Issued during year						2,522,267				
22. Other changes to in force (Net)	(122)	(11,978,869)				173,302			(122)	(11,805,567)
23. In force December 31 of current year	2,147	184,888,001	(a)			2,695,568			2,147	187,583,570

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	4,947,278	4,266,265		3,749,897	4,040,897
24.1 Federal Employees Health Benefits Plan 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)	21,077	21,077		9,633	9,633
25.3 Non-renewable for stated reasons only (b)	680	680			
25.4 Other accident only					
25.5 All other (b)	98	.98			
25.6 Totals (sum of Lines 25.1 to 25.5)	23,337	23,337		9,633	9,633
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,970,615	4,289,602		3,759,530	4,050,530

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,362 and number of persons insured under indemnity only products 118 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		20,068,879		5,560,229		25,629,108
2. Annuity considerations		17,067,449		266,019		17,333,468
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		120,427,699		67,624,714		188,052,412
5. Totals (Sum of Lines 1 to 4)		157,564,027		73,450,961		231,014,988
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		632,041		405		.632,445
6.2 Applied to pay renewal premiums		520,104		7		.520,110
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		988,582		33		.988,614
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,140,726		444		2,141,170
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		1,539				1,539
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,539				1,539
8. Grand Totals (Lines 6.5 plus 7.4)		2,142,265		444		2,142,709
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		21,470,899		945,774		22,416,674
10. Matured endowments		189,358				.189,358
11. Annuity benefits		82,095,953		82,129,637		164,225,591
12. Surrender values and withdrawals for life contracts		13,824,198		693		.13,824,891
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		161,244				.161,244
15. Totals		117,741,653		83,076,105		200,817,758
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.62	920,043			4	12,500			.66	.932,543
17. Incurred during current year	534	21,126,857			24	51,299			558	.21,178,155
Settled during current year:										
18.1 By payment in full	541	20,424,448			22	36,405			563	.20,460,853
18.2 By payment on compromised claims										
18.3 Totals paid	541	20,424,448			22	36,405			563	.20,460,853
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	541	20,424,448			22	36,405			563	.20,460,853
19. Unpaid Dec. 31, current year (16+17-18.6)	55	1,622,451			6	27,394			61	1,649,845
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	35,886	3,181,523,814	(a)		260	481,945,320			36,146	3,663,469,134
21. Issued during year .....	.27	40,974,400							.27	.40,974,400
22. Other changes to in force (Net)	(2,110)	(226,037,251)				(81,394)			(2,110)	(226,118,645)
23. In force December 31 of current year	33,803	2,996,460,963	(a)		260	481,863,926			34,063	3,478,324,889

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,834,054	1,886,755			.365,118
24.1 Federal Employees Health Benefits Plan premium (b) .....					.348,718
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)	962,649	962,649			.571,529
25.3 Non-renewable for stated reasons only (b) .....	.557	.557			.575,249
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.963,206	.963,206			.571,529
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,797,260	2,849,961			.936,647
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products	686			3	and number of persons



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,326,455		2,691,214		12,017,670
2. Annuity considerations		45,002,491				45,002,491
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		219,380,533		61,166,675		280,547,208
5. Totals (Sum of Lines 1 to 4)		273,709,480		63,857,889		337,567,368
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		302,368		35		.302,402
6.2 Applied to pay renewal premiums		424,739		(10)		.424,728
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		555,923		15		.555,938
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,283,029		40		1,283,068
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		84				.84
7.3 Other		2,440				.2,440
7.4 Totals (Sum of Lines 7.1 to 7.3)		2,523				.2,523
8. Grand Totals (Lines 6.5 plus 7.4)		1,285,552		40		1,285,592
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		14,106,261		1,510,868		15,617,129
10. Matured endowments		66,125				.66,125
11. Annuity benefits		182,246,442		106,568,127		.288,814,569
12. Surrender values and withdrawals for life contracts		8,571,189		9,720		.8,580,909
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....		.45,145				.45,145
15. Totals		205,035,162		108,088,716		313,123,877
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	Total Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	24	473,735			9	.21,826			.33	.495,561
17. Incurred during current year	146	.14,124,592			47	1,393,868			.193	.15,518,461
Settled during current year:										
18.1 By payment in full	141	13,753,839			49	1,399,207			.190	.15,153,047
18.2 By payment on compromised claims										
18.3 Totals paid	141	13,753,839			49	1,399,207			.190	.15,153,047
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	141	13,753,839			49	1,399,207			.190	.15,153,047
19. Unpaid Dec. 31, current year (16+17-18.6)	29	844,488			7	16,487			.36	860,975
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8,788	1,606,050,399	(a)		340	217,703,334			.9,128	1,823,753,733
21. Issued during year	8	2,343,000			9	9,710,775			.17	12,053,775
22. Other changes to in force (Net)	(464)	(108,577,347)			335	340,996,243			(129)	.232,418,896
23. In force December 31 of current year	8,332	1,499,816,052	(a)		684	568,410,352			9,016	2,068,226,404

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	7,370,658	7,368,439			3,451,344
24.1 Federal Employees Health Benefits Plan premium (b)					3,414,081
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)	7,731	7,731			4,542
25.3 Non-renewable for stated reasons only (b)	199	199			
25.4 Other accident only					
25.5 All other (b) .....	.87	.87			.178
25.6 Totals (sum of Lines 25.1 to 25.5)	9,569	9,569			.4,720
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,380,228	7,378,008			3,456,064
					3,418,801

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,655 and number of persons insured under indemnity only products 253 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

6 6 8 6 9 2 0 1 3 4 3 0 2 3 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	22,347,905			6,974,543		29,322,449
2. Annuity considerations	15,551,330					.15,551,330
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	174,822,038			107,850,511		282,672,549
5. Totals (Sum of Lines 1 to 4)	212,721,274			114,825,054		327,546,327
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	200,938			48		200,986
6.2 Applied to pay renewal premiums	137,103					.137,103
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	281,140			49		281,189
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	619,181			97		.619,278
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities	26					26
7.3 Other	9,983					.9,983
7.4 Totals (Sum of Lines 7.1 to 7.3)	10,009					.10,009
8. Grand Totals (Lines 6.5 plus 7.4)	629,190			97		629,287
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits .....	.7,917,120			1,246,647		9,163,767
10. Matured endowments	31,428					31,428
11. Annuity benefits	119,815,412			266,649,001		386,464,413
12. Surrender values and withdrawals for life contracts	14,344,743			.7,152		.14,351,895
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	24,014					24,014
15. Totals	142,132,718			267,902,801		410,035,518
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.21	937,124			5	22,614			.26	.959,738
17. Incurred during current year	121	7,912,241			10	36,054			.131	.7,948,295
Settled during current year:										
18.1 By payment in full	129	8,228,925			9	31,219			.138	.8,260,144
18.2 By payment on compromised claims										
18.3 Totals paid	129	8,228,925			9	31,219			.138	.8,260,144
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	129	8,228,925			9	31,219			.138	.8,260,144
19. Unpaid Dec. 31, current year (16+17-18.6)	13	620,440			6	27,449			.19	.647,889
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13,984	3,354,977,454	(a)		144	355,991,398			.14,128	.3,710,968,851
21. Issued during year .....	.42	37,548,084							.42	.37,548,084
22. Other changes to in force (Net)	(882)	(244,815,152)				1,746,444			(882)	(243,068,708)
23. In force December 31 of current year	13,144	3,147,710,386	(a)		144	357,737,841			.13,288	.3,505,448,227

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.4,104,891	3,699,265		.2,349,440	.2,459,738
24.1 Federal Employees Health Benefits Plan 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) .....	.37,910	.37,910		.26,130	.26,130
25.3 Non-renewable for stated reasons only (b) .....	.897	.897			
25.4 Other accident only					
25.5 All other (b) .....	.1,623	.1,623			
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.40,430	.40,430		.26,130	.26,130
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,145,321	3,739,695		.2,375,571	.2,485,869

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ .831 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.5,684,721			41,706,736		47,391,456
2. Annuity considerations	2,852,133			89,716		2,941,849
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	77,878,848			52,764,794		130,643,642
5. Totals (Sum of Lines 1 to 4)	86,415,701			94,561,246		180,976,948
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	231,681					231,681
6.2 Applied to pay renewal premiums	337,364			7		337,371
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	392,746					392,746
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	961,791			7		961,797
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities	397					397
7.3 Other	5,917					5,917
7.4 Totals (Sum of Lines 7.1 to 7.3)	6,313					6,313
8. Grand Totals (Lines 6.5 plus 7.4)	968,104			7		968,111
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	3,699,713			274,275		3,973,988
10. Matured endowments	84,426					84,426
11. Annuity benefits	74,493,074			81,158,725		155,651,799
12. Surrender values and withdrawals for life contracts	37,683,037			9,633		37,692,670
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	1,398					1,398
15. Totals	115,961,648			81,442,633		197,404,281
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.14	147,768			8	16,614			.22	164,382
17. Incurred during current year .....	.81	3,640,308			16	273,275			.97	3,913,583
Settled during current year:										
18.1 By payment in full .....	.87	3,640,363			20	282,984			.107	3,923,347
18.2 By payment on compromised claims					20	282,984			.107	3,923,347
18.3 Totals paid .....	.87	3,640,363			20	282,984			.107	3,923,347
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.87	3,640,363			20	282,984			.107	3,923,347
19. Unpaid Dec. 31, current year (16+17-18.6)	8	147,713			4	6,904			.12	154,617
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,579	1,443,348,868	(a)		469	375,182,323			.7,048	1,818,531,192
21. Issued during year	6	4,980,873			335	719,622,030			.341	724,602,903
22. Other changes to in force (Net)	(394)	(170,460,093)			(2)	(2,027,921)			(396)	(172,488,014)
23. In force December 31 of current year	6,191	1,277,869,649	(a)		802	1,092,776,433			6,993	2,370,646,081

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred					
24. Group Policies (b)	1,280,044	813,301					476,037			.643,337
24.1 Federal Employees Health Benefits Plan 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)	18,552	18,552					23,261			.23,261
25.3 Non-renewable for stated reasons only (b)	619	619								
25.4 Other accident only										
25.5 All other (b)	295	295								
25.6 Totals (sum of Lines 25.1 to 25.5)	19,466	19,466					23,261			.23,261
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,299,510	832,767					499,297			.666,597

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 729 and number of persons insured under indemnity only products 319 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,336,119		.50,023		3,386,142
2. Annuity considerations .....		.964,107				.964,107
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		21,489,702		5,783,832		27,273,534
5. Totals (Sum of Lines 1 to 4)		25,789,929		5,833,855		31,623,784
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....		.64,629				.64,629
6.2 Applied to pay renewal premiums .....		.37,420				.37,420
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		103,791				103,791
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		205,839				205,839
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		91				91
7.4 Totals (Sum of Lines 7.1 to 7.3)		91				91
8. Grand Totals (Lines 6.5 plus 7.4)		205,930				205,930
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,940,039				1,940,039
10. Matured endowments .....		.7,573				.7,573
11. Annuity benefits		14,567,374		10,107,104		24,674,478
12. Surrender values and withdrawals for life contracts		1,065,495				1,065,495
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....		.55,102				.55,102
15. Totals		17,635,584		10,107,104		27,742,687
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.5	131,181							.5	.131,181
17. Incurred during current year .....	.38	1,864,982							.38	1,864,982
Settled during current year:										
18.1 By payment in full .....	.39	1,834,021							.39	1,834,021
18.2 By payment on compromised claims										
18.3 Totals paid .....	.39	1,834,021							.39	1,834,021
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.39	1,834,021							.39	1,834,021
19. Unpaid Dec. 31, current year (16+17-18.6)	4	162,142							4	162,142
POLICY EXHIBIT										
20. In force December 31, prior year	3,782	.414,147,510	(a)	1	No. of Policies	23,663,196			3,783	437,810,706
21. Issued during year										
22. Other changes to in force (Net)	(207)	-(18,313,318)				(145,601)			(207)	(18,458,919)
23. In force December 31 of current year	3,575	395,834,192	(a)	1		23,517,595			3,576	419,351,787

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred					
24. Group Policies (b)	814,796	.791,370					.322,707			.315,307
24.1 Federal Employees Health Benefits Plan 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)	129,286	.129,286					.58,908			.58,908
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	129,286	.129,286					.58,908			.58,908
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	944,082	.920,656					.381,615			.374,215

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ .496 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		6,535,898		8,162,450		14,698,349
2. Annuity considerations		8,943,278				8,943,278
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		70,076,039		47,410,797		117,486,836
5. Totals (Sum of Lines 1 to 4)		85,555,216		55,573,247		141,128,463
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		93,832		27		93,859
6.2 Applied to pay renewal premiums		67,899				67,899
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		219,245		6		219,251
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		380,976		34		381,010
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		328				328
7.3 Other		2,610				2,610
7.4 Totals (Sum of Lines 7.1 to 7.3)		2,938				2,938
8. Grand Totals (Lines 6.5 plus 7.4)		383,914		34		383,947
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,424,833		84,594		1,509,427
10. Matured endowments		5,859				5,859
11. Annuity benefits		54,786,765		74,681,009		129,467,774
12. Surrender values and withdrawals for life contracts		5,941,035		7,230		5,948,265
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		17,352				17,352
15. Totals		62,175,844		74,772,833		136,948,676
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.15	213,854			3	118,684			.18	.332,538
17. Incurred during current year .....	.34	1,353,789			15	33,974			.49	1,387,763
Settled during current year:										
18.1 By payment in full .....	.39	1,475,835			13	125,376			.52	1,601,211
18.2 By payment on compromised claims										
18.3 Totals paid .....	.39	1,475,835			13	125,376			.52	1,601,211
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.39	1,475,835			13	125,376			.52	1,601,211
19. Unpaid Dec. 31, current year (16+17-18.6)	10	91,808			5	27,282			15	119,090
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,762	.658,926,066	(a)		182	228,399,772			3,944	887,325,838
21. Issued during year .....	.16	17,400,000			19	27,756,245			.35	45,156,245
22. Other changes to in force (Net)	(210)	-(25,694,861)				4,554,873			(210)	(21,139,988)
23. In force December 31 of current year	3,568	650,631,205	(a)	201	260,710,890				3,769	911,342,095

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 No.	2 Amount	3 No. of Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
24. Group Policies (b)		5,185,376		4,795,892					2,164,271	3,008,271
24.1 Federal Employees Health Benefits Plan premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)		3,711		3,711					11,416	11,416
25.3 Non-renewable for stated reasons only (b) .....		.95		.95						
25.4 Other accident only										
25.5 All other (b)		1,053		1,053						
25.6 Totals (sum of Lines 25.1 to 25.5)		4,859		4,859					11,416	11,416
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		5,190,235		4,800,751					2,175,687	3,019,687

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____, 1,022 and number of persons insured under indemnity only products _____, 893.



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.373,635			10,389		.384,024
2. Annuity considerations	1,290,444					1,290,444
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations .....	.7,056,243			6,153,245		13,209,488
5. Totals (Sum of Lines 1 to 4)	8,720,322			6,163,634		14,883,956
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	12,078					12,078
6.2 Applied to pay renewal premiums	11,896					11,896
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	.37,419					.37,419
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	61,393					61,393
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)	61,393					61,393
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	854,173			.39,383		.893,555
10. Matured endowments						
11. Annuity benefits .....	.5,937,462			8,383,736		14,321,198
12. Surrender values and withdrawals for life contracts .....	.516,338			.3,951		.520,289
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	4,809					4,809
15. Totals	7,312,781			8,427,070		15,739,851
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	2	.30,765			1	.3,000			3	.33,765
17. Incurred during current year .....	.19	856,121			3	29,383			.22	.885,503
Settled during current year:										
18.1 By payment in full .....	.19	880,676			2	27,378			.21	.908,053
18.2 By payment on compromised claims										
18.3 Totals paid .....	.19	880,676			2	27,378			.21	.908,053
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.19	880,676			2	27,378			.21	.908,053
19. Unpaid Dec. 31, current year (16+17-18.6)	2	6,210			2	5,005			4	11,215
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	610	101,256,523	(a)	1	4,517,952				611	105,774,475
21. Issued during year										
22. Other changes to in force (Net)	(.7)	(13,421,476)			(53,382)				(.7)	(13,474,859)
23. In force December 31 of current year	603	87,835,046	(a)	1	4,464,570				604	92,299,616

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)		53,957	82,265		.59,953	60,453
24.1 Federal Employees Health Benefits Plan 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)		1,857	1,857		5,483	5,483
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)		1,857	1,857		5,483	5,483
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		55,814	84,122		65,436	65,936

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ 112 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	939,763			13,255		953,018
2. Annuity considerations	1,051,769					1,051,769
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	28,801,457			.13,977,393		.42,778,850
5. Totals (Sum of Lines 1 to 4)	30,792,990			13,990,648		44,783,637
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....	.32,163			.20		.32,183
6.2 Applied to pay renewal premiums .....	.17,795					.17,795
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	.78,722					.78,722
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	128,680			.20		.128,700
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other .....	.197					.197
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	.197					.197
8. Grand Totals (Lines 6.5 plus 7.4)	128,877			.20		128,897
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	1,247,441			188,773		1,436,214
10. Matured endowments	4,000					4,000
11. Annuity benefits	23,483,622			23,593,974		47,077,597
12. Surrender values and withdrawals for life contracts .....	.660,607			.3,226		.663,833
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....	.4					.4
15. Totals	25,395,674			23,785,974		49,181,647
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	5	.20,788							5	.20,788
17. Incurred during current year .....	.51	1,243,995			2	.3,761			.53	1,247,756
Settled during current year:										
18.1 By payment in full .....	.53	1,260,063			2	.3,761			.55	1,263,824
18.2 By payment on compromised claims										
18.3 Totals paid .....	.53	1,260,063			2	.3,761			.55	1,263,824
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.53	1,260,063			2	.3,761			.55	1,263,824
19. Unpaid Dec. 31, current year (16+17-18.6)	3	4,720							3	4,720
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	940	149,026,208	(a)		1	120,952,001			941	269,978,209
21. Issued during year	1	400,000							1	.400,000
22. Other changes to in force (Net)	(72)	(7,463,467)				(18,355)			(72)	(7,481,822)
23. In force December 31 of current year	869	141,962,741	(a)		1	120,933,646			870	262,896,388

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,153,437	608,444		.380,217	.535,017
24.1 Federal Employees Health Benefits Plan 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)	69	.69			
25.3 Non-renewable for stated reasons only (b)	16,525	16,525			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,594	16,594			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,170,030	625,037		.380,217	.535,017

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,133 and number of persons insured under indemnity only products 243 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,802,721		.23,035		1,825,756
2. Annuity considerations		1,108,177				1,108,177
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		44,397,115		6,390,906		50,788,021
5. Totals (Sum of Lines 1 to 4)		47,308,012		6,413,941		53,721,953
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		64,408				64,408
6.2 Applied to pay renewal premiums		41,558				41,558
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		51,091				51,091
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		157,058				157,058
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		247				247
7.4 Totals (Sum of Lines 7.1 to 7.3)		247				247
8. Grand Totals (Lines 6.5 plus 7.4)		157,305				157,305
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		469,614		.8,499		.478,113
10. Matured endowments		2,298				2,298
11. Annuity benefits		30,845,703		5,714,566		.36,560,269
12. Surrender values and withdrawals for life contracts		1,007,366		.754		1,008,120
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		33,345				33,345
15. Totals		32,358,326		5,723,819		38,082,145
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	3	18,850			2	2,638			5	21,488
17. Incurred during current year	18	469,614			3	8,499			21	.478,113
Settled during current year:										
18.1 By payment in full	16	459,300			2	.7,440			18	.466,740
18.2 By payment on compromised claims										
18.3 Totals paid	16	459,300			2	.7,440			18	.466,740
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	459,300			2	.7,440			18	.466,740
19. Unpaid Dec. 31, current year (16+17-18.6)	5	29,163			3	3,697			8	32,860
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,392	407,413,724	(a)		.51	12,374,113			1,443	419,787,838
21. Issued during year	11	6,400,000							11	6,400,000
22. Other changes to in force (Net)	(54)	(26,530,534)				144,091			(54)	(26,386,442)
23. In force December 31 of current year	1,349	387,283,191	(a)		51	12,518,205			1,400	399,801,395

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	718,561	692,284		.881,981	.882,181
24.1 Federal Employees Health Benefits Plan 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)	1,719	1,719		179	179
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,719	1,719		179	179
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	720,281	694,003		882,160	882,360

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ . 789 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,684,694			17,458		2,702,152
2. Annuity considerations	5,099,616					5,099,616
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	33,097,857			4,995,678		38,093,535
5. Totals (Sum of Lines 1 to 4)	40,882,167			5,013,136		45,895,303
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	98,222					98,222
6.2 Applied to pay renewal premiums	92,176					92,176
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	116,940					116,940
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	307,337					307,337
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	138					138
7.4 Totals (Sum of Lines 7.1 to 7.3)	138					138
8. Grand Totals (Lines 6.5 plus 7.4)	307,475					307,475
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	2,362,860			30,584		2,393,444
10. Matured endowments	184,581					184,581
11. Annuity benefits	23,610,578			13,429,813		37,040,391
12. Surrender values and withdrawals for life contracts	3,410,078			2,103		3,412,181
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	9,250					9,250
15. Totals	29,577,346			13,462,499		43,039,846
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	10	810,535							10	.810,535
17. Incurred during current year	25	2,349,930			16	30,584			41	2,380,514
Settled during current year:										
18.1 By payment in full	30	3,128,588			12	24,740			42	3,153,328
18.2 By payment on compromised claims										
18.3 Totals paid	30	3,128,588			12	24,740			42	3,153,328
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	30	3,128,588			12	24,740			42	3,153,328
19. Unpaid Dec. 31, current year (16+17-18.6)	5	31,877			4	5,844			9	37,721
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,439	473,197,177	(a)		3	9,991,912			3,442	483,189,089
21. Issued during year	1	250,000							1	250,000
22. Other changes to in force (Net)	(175)	(22,590,193)				(256,909)			(175)	(22,847,103)
23. In force December 31 of current year	3,265	450,856,984	(a)		3	9,735,002			3,268	460,591,986

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	2,362,512	2,358,923		497,798	.631,238
24.1 Federal Employees Health Benefits Plan 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)	5,985	5,985		4,347	4,347
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)	5,985	5,985		4,347	4,347
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,368,498	2,364,909		502,144	635,585

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ 18 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		33,104,199		15,429,774		48,533,973
2. Annuity considerations		18,984,105		3,552		18,987,657
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		254,886,849		122,141,600		377,028,449
5. Totals (Sum of Lines 1 to 4)		306,975,153		137,574,927		444,550,080
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		947,704		297		.948,001
6.2 Applied to pay renewal premiums		1,292,750				1,292,750
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,629,906		13		1,629,920
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		3,870,361		310		3,870,671
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		144				144
7.3 Other		4,908				4,908
7.4 Totals (Sum of Lines 7.1 to 7.3)		5,052				5,052
8. Grand Totals (Lines 6.5 plus 7.4)		3,875,413		310		3,875,723
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		17,912,624		521,130		18,433,754
10. Matured endowments		151,407				151,407
11. Annuity benefits		180,524,738		156,701,290		337,226,028
12. Surrender values and withdrawals for life contracts		27,815,978		32,586		27,848,564
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		178,466		929		.179,395
15. Totals		226,583,213		157,255,935		383,839,148
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.76	3,768,021			5	26,766			.81	3,794,787
17. Incurred during current year	252	17,821,796			51	294,744			303	18,116,540
Settled during current year:										
18.1 By payment in full	271	19,801,648			49	284,744			320	20,086,392
18.2 By payment on compromised claims										
18.3 Totals paid	271	19,801,648			49	284,744			320	20,086,392
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	271	19,801,648			49	284,744			320	20,086,392
19. Unpaid Dec. 31, current year (16+17-18.6)	57	1,788,169			7	36,766			64	1,824,935
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	25,531	5,258,933,198	(a)		258	258,886,223			25,789	5,517,819,421
21. Issued during year .....	.80	71,246,111			24	38,900,000			104	110,146,111
22. Other changes to in force (Net)	(1,675)	(430,287,755)			(6)	(3,440,122)			(1,681)	(433,727,876)
23. In force December 31 of current year	23,936	4,899,891,554	(a)		276	294,346,102			24,212	5,194,237,656

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	8,294,668	8,269,877		3,873,741	4,282,141
24.1 Federal Employees Health Benefits Plan 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)	37,275	37,275		32,240	32,240
25.3 Non-renewable for stated reasons only (b)	464	464			
25.4 Other accident only					
25.5 All other (b)	570	570			
25.6 Totals (sum of Lines 25.1 to 25.5)	38,585	38,585		34,640	34,640
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,333,253	8,308,462		3,908,381	4,316,781

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,299 and number of persons insured under indemnity only products 662 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		643,021		19,881		662,902
2. Annuity considerations		1,381,471				1,381,471
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		21,951,381		7,642,776		29,594,157
5. Totals (Sum of Lines 1 to 4)		23,975,873		7,662,656		31,638,529
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		31,907				31,907
6.2 Applied to pay renewal premiums		31,550				31,550
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		47,227		40		47,267
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		110,685		40		110,724
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		22				22
7.4 Totals (Sum of Lines 7.1 to 7.3)		22				22
8. Grand Totals (Lines 6.5 plus 7.4)		110,707		40		110,746
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		365,510		25,819		391,329
10. Matured endowments						
11. Annuity benefits		23,863,273		14,441,679		38,304,952
12. Surrender values and withdrawals for life contracts		604,897		2,028		606,924
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		4,518				4,518
15. Totals		24,838,197		14,469,526		39,307,723
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	7	.94,488							7	.94,488
17. Incurred during current year	15	337,487			5	13,319			20	.350,806
Settled during current year:										
18.1 By payment in full	15	412,634			3	10,212			18	.422,846
18.2 By payment on compromised claims										
18.3 Totals paid	15	412,634			3	10,212			18	.422,846
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	15	412,634			3	10,212			18	.422,846
19. Unpaid Dec. 31, current year (16+17-18.6)	7	19,340			2	3,107			9	22,447
POLICY EXHIBIT										
20. In force December 31, prior year	1,027	118,744,464	(a)		No. of Policies				1,027	127,448,555
21. Issued during year						8,704,092				
22. Other changes to in force (Net)	(27)	(3,794,818)				(235,316)			(27)	(4,030,133)
23. In force December 31 of current year	1,000	114,949,646	(a)			8,468,776			1,000	123,418,422

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 No.	2 Amount	3 No. of Certifs.	4 Amount	5 No.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
24. Group Policies (b)		221,391		230,754				117,440		.445,440
24.1 Federal Employees Health Benefits Plan 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)		84		84				106		106
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)		84		84				106		106
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		221,475		230,838				117,546		445,546

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 9 and number of persons insured under indemnity only products _____ 195 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		103,788,631		3,973,228		107,761,860
2. Annuity considerations		64,629,300				64,629,300
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		866,955,229		158,376,928		1,025,332,157
5. Totals (Sum of Lines 1 to 4)		1,035,373,160		162,350,157		1,197,723,317
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,661,808		136		1,661,944
6.2 Applied to pay renewal premiums		1,629,130		50		1,629,181
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		3,477,287		27		3,477,315
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		6,768,225		214		6,768,439
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		290				290
7.4 Totals (Sum of Lines 7.1 to 7.3)		290				290
8. Grand Totals (Lines 6.5 plus 7.4)		6,768,515		214		6,768,729
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		33,523,903		8,708,829		42,232,732
10. Matured endowments		219,089				219,089
11. Annuity benefits		715,752,815		449,391,370		1,165,144,184
12. Surrender values and withdrawals for life contracts		55,171,591		2,263,521		57,435,111
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		550,271		.25,186		.575,457
15. Totals		805,217,668		460,388,905		1,265,606,574
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	168	4,673,111			21	47,700			189	4,720,812
17. Incurred during current year	971	33,633,200			107	8,412,565			1,078	42,045,765
Settled during current year:										
18.1 By payment in full	998	35,007,098			97	8,222,128			1,095	43,229,226
18.2 By payment on compromised claims										
18.3 Totals paid	998	35,007,098			97	8,222,128			1,095	43,229,226
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	998	35,007,098			97	8,222,128			1,095	43,229,226
19. Unpaid Dec. 31, current year (16+17-18.6)	141	3,299,214			31	238,137			172	3,537,350
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	83,522	13,939,608,537	(a)		2,205	1,342,703,448			85,727	15,282,311,984
21. Issued during year	3,554	1,046,064,263							3,554	1,046,064,263
22. Other changes to in force (Net)	(5,737)	(969,147,614)			(415)	(330,312,684)			(6,152)	(1,299,460,297)
23. In force December 31 of current year	81,339	14,016,525,186	(a)		1,790	1,012,390,764			83,129	15,028,915,950

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	14,237,026	15,699,626		9,459,457	8,650,327
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	150	150			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	923,535	923,535		3,132,038	3,132,041
25.2 Guaranteed renewable (b)	354,021	354,021		434,372	434,372
25.3 Non-renewable for stated reasons only (b)	38,538	38,538			
25.4 Other accident only					
25.5 All other (b)	1,816	1,816			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,317,910	1,317,910		3,566,410	3,566,413
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,555,085	17,017,686		13,025,867	12,216,740

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 15,136 and number of persons insured under indemnity only products 1,554 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		58,409,146		21,300,600		79,709,746
2. Annuity considerations		16,847,563				16,847,563
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		139,187,313		28,254,243		167,441,556
5. Totals (Sum of Lines 1 to 4)		214,444,022		49,554,843		263,998,865
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		920,541		5,114		.925,655
6.2 Applied to pay renewal premiums		598,772				.598,772
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,342,950		32		1,342,982
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,862,263		5,145		2,867,408
Annuities:						
7.1 Paid in cash or left on deposit .....						.67
7.2 Applied to provide paid-up annuities		67				
7.3 Other		2,068				2,068
7.4 Totals (Sum of Lines 7.1 to 7.3)		2,135				2,135
8. Grand Totals (Lines 6.5 plus 7.4)		2,864,398		5,145		2,869,543
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		21,592,070		2,028,597		23,620,667
10. Matured endowments		110,725				110,725
11. Annuity benefits		133,725,240		43,480,499		177,205,739
12. Surrender values and withdrawals for life contracts		26,364,204		20,124		26,384,329
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		387,121				387,121
15. Totals		182,179,361		45,529,220		227,708,581
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.56	863,816			2	.3,682			.58	.867,498
17. Incurred during current year	718	21,162,175			.11	751,011			.729	21,913,186
Settled during current year:										
18.1 By payment in full	701	20,187,748			.12	401,547			.713	20,589,295
18.2 By payment on compromised claims										
18.3 Totals paid	701	20,187,748			.12	401,547			.713	20,589,295
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	701	20,187,748			.12	401,547			.713	20,589,295
19. Unpaid Dec. 31, current year (16+17-18.6)	73	1,838,244			1	353,146			.74	2,191,389
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	55,960	6,237,988,755	(a)		646	1,361,023,120			56,606	7,599,011,875
21. Issued during year .....	.73	76,219,787			.96	90,779,938			.169	166,999,725
22. Other changes to in force (Net)	(3,438)	(418,543,059)			3	21,869,463			(3,435)	(396,673,596)
23. In force December 31 of current year	52,595	5,895,665,484	(a)		745	1,473,672,521			53,340	7,369,338,004

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred					
24. Group Policies (b)	11,094,564	.11,037,254					.7,577,810			.7,498,709
24.1 Federal Employees Health Benefits Plan 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)	45,605	.45,605					.16,141			.16,141
25.2 Guaranteed renewable (b)	1,289,703	1,289,703					1,332,866			1,332,866
25.3 Non-renewable for stated reasons only (b)	27,872	.27,872					.15			
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	1,363,180	1,363,180					.15			.1,349,007
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,457,833	12,400,523					.15			8,847,717

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ .939 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		28,262,144		3,742		28,265,886
2. Annuity considerations		(542)		48,872		48,331
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		2,246,250		13,223,156		15,469,407
5. Totals (Sum of Lines 1 to 4)		30,507,853		13,275,770		43,783,623
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		2,845				2,845
6.2 Applied to pay renewal premiums		6,680				6,680
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		8,374				8,374
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		17,899				17,899
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		542				542
7.4 Totals (Sum of Lines 7.1 to 7.3)		542				542
8. Grand Totals (Lines 6.5 plus 7.4)		18,441				18,441
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		81,526		2,205		83,731
10. Matured endowments						
11. Annuity benefits		3,447,488		6,282,047		9,729,535
12. Surrender values and withdrawals for life contracts		58,886				58,886
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		1				1
15. Totals		3,587,901		6,284,252		9,872,153
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	1	1,710			1	4,559			2	6,269
17. Incurred during current year	3	81,526			1	2,205			4	83,731
Settled during current year:										
18.1 By payment in full	4	83,236			2	6,764			6	90,000
18.2 By payment on compromised claims										
18.3 Totals paid	4	83,236			2	6,764			6	90,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	83,236			2	6,764			6	90,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	941	583,746,676	(a)		3,189,534				941	586,936,210
21. Issued during year	343	238,522,820		19	18,748,573				362	257,271,393
22. Other changes to in force (Net)	(7)	651,650			(56,763)				(7)	.594,887
23. In force December 31 of current year	1,277	822,921,146	(a)	19	21,881,344				1,296	844,802,490

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	85,060	85,625		7,259	8,659
24.1 Federal Employees Health Benefits Plan 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)	85,060	85,625		7,259	8,659
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 _____ 2 and number of persons insured under indemnity only products _____ 29 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	37,926,204			22,351,569		60,277,773
2. Annuity considerations	32,482,768			102,097		32,584,864
3. Deposit-type contract funds	887,490,030		XXX			887,490,030
4. Other considerations	341,265,027			316,876,468		658,141,495
5. Totals (Sum of Lines 1 to 4)	1,299,164,029			339,330,134		1,638,494,162
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,322,809			7,362		1,330,172
6.2 Applied to pay renewal premiums	796,297					796,297
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,079,653					2,079,653
6.4 Other	(3,741,544)			(1,712)		(3,743,255)
6.5 Totals (Sum of Lines 6.1 to 6.4)	457,215			5,651		462,866
Annuities:						
7.1 Paid in cash or left on deposit	49,174					49,174
7.2 Applied to provide paid-up annuities	106					106
7.3 Other	155					155
7.4 Totals (Sum of Lines 7.1 to 7.3)	49,435					49,435
8. Grand Totals (Lines 6.5 plus 7.4)	506,650			5,651		512,301
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	37,696,115			10,333,356		48,029,471
10. Matured endowments	254,660					254,660
11. Annuity benefits	240,113,323			413,092,712		653,206,035
12. Surrender values and withdrawals for life contracts	(30,811,208)			(944,241)		(31,755,448)
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	212,179			(360,692)		(148,512)
15. Totals	247,465,069			422,121,136		669,586,205
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	Total 10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	201	.11,307,457			13	327,473			214	.11,634,930
17. Incurred during current year	1,393	39,572,886			3	1,664,749			1,396	.41,237,636
Settled during current year:										
18.1 By payment in full	1,466	41,388,134			3	1,664,749			1,469	.43,052,883
18.2 By payment on compromised claims										
18.3 Totals paid	1,466	41,388,134			3	1,664,749			1,469	.43,052,883
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,466	41,388,134			3	1,664,749			1,469	.43,052,883
19. Unpaid Dec. 31, current year (16+17-18.6)	128	9,492,209			13	327,473			141	9,819,682
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	94,093	.9,325,420,749	(a)		562	.5,069,623,782			94,655	.14,395,044,531
21. Issued during year	60	28,393,661							.60	.28,393,661
22. Other changes to in force (Net)	(5,087)	(336,805,586)			(2)	8,979,279			(5,089)	(327,826,307)
23. In force December 31 of current year	89,066	9,017,008,823	(a)		560	5,078,603,061			89,626	14,095,611,884

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	16,078,551	.16,028,779		.7,038,123	.13,888,485
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)		(16)			.59
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	340	272			.82
25.2 Guaranteed renewable (b)	1,931,898	2,052,826		1,269,806	1,100,889
25.3 Non-renewable for stated reasons only (b)					(.22,442)
25.4 Other accident only					
25.5 All other (b)	459	459		2,400	.2,154
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.1,932,696	.2,053,556		.1,272,206	.1,080,683
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,011,247	18,082,320		8,310,329	14,969,228

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ .1,286 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,381,896		60,042		1,441,937
2. Annuity considerations		3,588,562				3,588,562
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		38,389,876		41,858,608		80,248,484
5. Totals (Sum of Lines 1 to 4)		43,360,334		41,918,649		85,278,983
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		36,398				36,398
6.2 Applied to pay renewal premiums		41,298				41,298
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		104,892				104,892
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		182,589				182,589
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		403				403
7.4 Totals (Sum of Lines 7.1 to 7.3)		403				403
8. Grand Totals (Lines 6.5 plus 7.4)		182,991				182,991
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,564,948		55,787		1,620,735
10. Matured endowments						
11. Annuity benefits		32,475,779		43,539,028		76,014,807
12. Surrender values and withdrawals for life contracts		2,201,160		2,111		2,203,272
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		6,864				6,864
15. Totals		36,248,751		43,596,926		79,845,677
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	6	.25,083			6	25,559			12	50,642
17. Incurred during current year	16	1,566,296			12	23,287			28	1,589,584
Settled during current year:										
18.1 By payment in full	12	1,524,812			11	36,444			23	1,561,256
18.2 By payment on compromised claims										
18.3 Totals paid	12	1,524,812			11	36,444			23	1,561,256
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	1,524,812			11	36,444			23	1,561,256
19. Unpaid Dec. 31, current year (16+17-18.6)	10	66,568			7	12,402			17	78,970
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,449	202,077,393	(a)		22	12,255,122			1,471	214,332,515
21. Issued during year										
22. Other changes to in force (Net)	(87)	(21,025,229)	(a)			27,836			(87)	(20,997,393)
23. In force December 31 of current year	1,362	181,052,164	(a)	22	12,282,958				1,384	193,335,123

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,251,125	1,140,451		390,969	.820,869
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	110	110			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,579	9,579		11,741	11,741
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)	9,579	9,579		11,741	11,741
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,260,814	1,150,140		402,709	832,609

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ . 294 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,623,497		27,109		1,650,606
2. Annuity considerations		6,157,561				6,157,561
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		48,413,995		29,069,698		77,483,693
5. Totals (Sum of Lines 1 to 4)		56,195,053		29,096,806		85,291,860
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		93,673				93,673
6.2 Applied to pay renewal premiums		116,925		12		116,937
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		114,405				114,405
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		325,003		12		325,016
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		38				38
7.3 Other		2,017				2,017
7.4 Totals (Sum of Lines 7.1 to 7.3)		2,055				2,055
8. Grand Totals (Lines 6.5 plus 7.4)		327,058		12		327,070
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		453,183		279,296		.732,479
10. Matured endowments		3,311				3,311
11. Annuity benefits		66,505,064		44,535,596		111,040,659
12. Surrender values and withdrawals for life contracts		17,090,183		22,906		.17,113,088
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		26,912				26,912
15. Totals		84,078,652		44,837,797		128,916,449
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	7	.28,158							7	.28,158
17. Incurred during current year .....	.41	369,583			3	279,296			.44	.648,879
Settled during current year:										
18.1 By payment in full .....	.40	329,805			2	.7,061			.42	.336,866
18.2 By payment on compromised claims										
18.3 Totals paid .....	.40	329,805			2	.7,061			.42	.336,866
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.40	329,805			2	.7,061			.42	.336,866
19. Unpaid Dec. 31, current year (16+17-18.6)	8	67,936			1	272,235			9	340,171
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,392	.411,606,921	(a)		39	89,828,022			2,431	.501,434,943
21. Issued during year	2	921,347							2	.921,347
22. Other changes to in force (Net)	(179)	(127,143,518)			(2)	(925,251)			(181)	(128,068,769)
23. In force December 31 of current year	2,215	285,384,750	(a)		37	88,902,771			2,252	374,287,521

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,044,826	927,418		420,767	.422,167
24.1 Federal Employees Health Benefits Plan 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)	6,850	6,850		9,714	9,714
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	190	190			
25.6 Totals (sum of Lines 25.1 to 25.5)	7,040	7,040		9,714	9,714
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,051,866	934,458		430,481	431,881

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 310 and number of persons insured under indemnity only products 265 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		69,798,216		6,347,199		76,145,415
2. Annuity considerations		54,513,380				54,513,380
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		393,021,971		64,924,678		457,946,649
5. Totals (Sum of Lines 1 to 4)		517,333,567		71,271,877		588,605,443
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		2,764,456		69		2,764,525
6.2 Applied to pay renewal premiums		2,178,049		26		2,178,075
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		3,866,371		49		3,866,421
6.4 Other		135,094				135,094
6.5 Totals (Sum of Lines 6.1 to 6.4)		8,943,970		144		8,944,115
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		8,916				8,916
7.4 Totals (Sum of Lines 7.1 to 7.3)		8,916				8,916
8. Grand Totals (Lines 6.5 plus 7.4)		8,952,886		144		8,953,031
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		44,538,203		1,471,742		46,009,945
10. Matured endowments		388,819				388,819
11. Annuity benefits		304,679,394		182,135,605		486,814,999
12. Surrender values and withdrawals for life contracts		43,162,990		57,892		43,220,882
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		660,486				660,486
15. Totals		393,429,891		183,665,239		577,095,130
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	194	8,015,640			10	83,382			204	8,099,022
17. Incurred during current year	1,304	44,775,474			112	404,091			1,416	45,179,566
Settled during current year:										
18.1 By payment in full	1,319	40,412,002			108	358,007			1,427	40,770,009
18.2 By payment on compromised claims					108	358,007			1,427	40,770,009
18.3 Totals paid	1,319	40,412,002			108	358,007			1,427	40,770,009
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,319	40,412,002			108	358,007			1,427	40,770,009
19. Unpaid Dec. 31, current year (16+17-18.6)	179	12,379,112			14	129,467			193	12,508,579
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	116,739	9,639,680,972	(a)		509	1,021,284,491			117,248	10,660,965,464
21. Issued during year	62	45,163,995							62	45,163,995
22. Other changes to in force (Net)	(6,228)	(583,149,642)				(672,790)			(6,228)	(583,822,432)
23. In force December 31 of current year	110,573	9,101,695,326	(a)		509	1,020,611,701			111,082	10,122,307,027

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	10,544,955	10,738,127		6,800,851	7,616,351
24.1 Federal Employees Health Benefits Plan 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)				48,422	48,422
25.2 Guaranteed renewable (b)	1,424,022	1,424,022		1,096,955	1,096,955
25.3 Non-renewable for stated reasons only (b)	2,491	2,491		2,212	2,212
25.4 Other accident only					
25.5 All other (b)	1,487	1,487			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,428,000	1,428,000		1,147,588	1,147,588
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,972,955	12,166,127		7,948,439	8,763,939

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8,416 and number of persons insured under indemnity only products 1,852 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,976,487		15,585		3,992,072
2. Annuity considerations		3,487,826				3,487,826
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		26,063,180		4,428,950		30,492,129
5. Totals (Sum of Lines 1 to 4)		33,527,492		4,444,535		37,972,027
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		192,803				192,803
6.2 Applied to pay renewal premiums		150,703				150,703
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		252,452				252,452
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		595,958				595,958
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		52				52
7.4 Totals (Sum of Lines 7.1 to 7.3)		52				52
8. Grand Totals (Lines 6.5 plus 7.4)		596,011				596,011
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,638,391		21,642		1,660,033
10. Matured endowments		8,267				8,267
11. Annuity benefits		32,115,162		10,152,095		42,267,257
12. Surrender values and withdrawals for life contracts		2,348,579		4,970		2,353,549
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		69,277				69,277
15. Totals		36,179,676		10,178,707		46,358,383
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	8	5,504,859			1	4,860			9	5,509,719
17. Incurred during current year	62	1,629,625			6	21,642			68	1,651,267
Settled during current year:										
18.1 By payment in full .....	.63	7,109,499			6	24,129			.69	7,133,628
18.2 By payment on compromised claims										
18.3 Totals paid .....	.63	7,109,499			6	24,129			.69	7,133,628
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.63	7,109,499			6	24,129			.69	7,133,628
19. Unpaid Dec. 31, current year (16+17-18.6)	7	24,984			1	2,373			8	27,357
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,787	.679,696,670	(a)		10	9,480,228			6,797	689,176,898
21. Issued during year										
22. Other changes to in force (Net)	(386)	(36,277,724)	(a)			(21,294)			(386)	(36,299,018)
23. In force December 31 of current year	6,401	643,418,946	(a)	10	9,458,934				6,411	652,877,880

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	12,354,587	15,151,901		14,027,451	13,492,951
24.1 Federal Employees Health Benefits Plan 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)	11,395	11,395			
25.2 Guaranteed renewable (b)	56,412	56,412		71,315	71,315
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)	67,921	67,921		71,315	71,315
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,422,509	15,219,823		14,098,767	13,564,267

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,784 and number of persons insured under indemnity only products 68 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		7,405,099		203,980		7,609,079
2. Annuity considerations		5,662,301				5,662,301
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		55,561,060		7,997,731		63,558,791
5. Totals (Sum of Lines 1 to 4)		68,628,460		8,201,711		76,830,171
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		252,800		59		252,859
6.2 Applied to pay renewal premiums		157,981				157,981
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		357,486				357,486
6.4 Other				59		
6.5 Totals (Sum of Lines 6.1 to 6.4)		768,267		59		768,326
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		138				138
7.4 Totals (Sum of Lines 7.1 to 7.3)		138				138
8. Grand Totals (Lines 6.5 plus 7.4)		768,405		59		768,464
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		11,366,074		51,952		11,418,026
10. Matured endowments		66,286				66,286
11. Annuity benefits		46,551,733		17,105,418		63,657,151
12. Surrender values and withdrawals for life contracts		6,609,454				6,609,454
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		147,070				147,070
15. Totals		64,740,617		17,157,370		81,897,987
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	23	284,370							23	.284,370
17. Incurred during current year	181	11,308,351							181	.11,308,351
Settled during current year:										
18.1 By payment in full	185	11,148,576							185	.11,148,576
18.2 By payment on compromised claims										
18.3 Totals paid	185	11,148,576							185	.11,148,576
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	185	11,148,576							185	.11,148,576
19. Unpaid Dec. 31, current year (16+17-18.6)	19	444,145							19	.444,145
POLICY EXHIBIT										
20. In force December 31, prior year	13,904	1,236,198,073	(a)	42	146,991,838			13,946	1,383,189,911	
21. Issued during year	2	535,000						2	.535,000	
22. Other changes to in force (Net)	(697)	(77,801,537)			(13,751)			(697)	(77,815,288)	
23. In force December 31 of current year	13,209	1,158,931,536	(a)	42	146,978,087			13,251	1,305,909,623	

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred					
24. Group Policies (b)	4,481,132	3,693,278					1,766,066		1,738,902	
24.1 Federal Employees Health Benefits Plan 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)	340,399	340,399					197,320		197,320	
25.3 Non-renewable for stated reasons only (b)	324	324								
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	340,724	340,724					197,320		197,320	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,821,856	4,034,001					1,963,386		1,936,222	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 66 and number of persons insured under indemnity only products 595 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	688,197			6,447		694,644
2. Annuity considerations	161,280					161,280
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	6,062,704			1,237,390		7,300,093
5. Totals (Sum of Lines 1 to 4)	6,912,181			1,243,836		8,156,017
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	6,338			7		6,345
6.2 Applied to pay renewal premiums	6,926					6,926
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	17,567					17,567
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	30,831			7		30,838
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	183					183
7.4 Totals (Sum of Lines 7.1 to 7.3)	183					183
8. Grand Totals (Lines 6.5 plus 7.4)	31,014			7		31,021
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	452,588					.452,588
10. Matured endowments						
11. Annuity benefits	7,634,830			6,877,268		14,512,097
12. Surrender values and withdrawals for life contracts	703,019			.1,051		.704,070
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....	.5					.5
15. Totals	8,790,441			6,878,319		15,668,760
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year	4	452,588							4	.452,588
Settled during current year:										
18.1 By payment in full	3	451,512							3	.451,512
18.2 By payment on compromised claims										
18.3 Totals paid	3	451,512							3	.451,512
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	451,512							3	.451,512
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,075							1	1,075
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	620	144,922,257	(a)		2	6,464,674			622	151,386,931
21. Issued during year										
22. Other changes to in force (Net)	(56)	1,226,894	(a)			.3,515			(56)	1,230,409
23. In force December 31 of current year	564	146,149,151	(a)	2	6,468,188				566	152,617,339

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	194,429	126,394		.64,498	.64,598
24.1 Federal Employees Health Benefits Plan 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)	194,429	126,394		.64,498	.64,598
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,798,807		132,972		6,931,779
2. Annuity considerations	10,200,134				10,200,134
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	96,391,936		65,892,334		162,284,270
5. Totals (Sum of Lines 1 to 4)	113,390,877		66,025,306		179,416,183
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	250,835		26		250,861
6.2 Applied to pay renewal premiums	295,972		8		295,979
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	484,408				484,408
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,031,215		34		1,031,248
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other	330				330
7.4 Totals (Sum of Lines 7.1 to 7.3)	330				330
8. Grand Totals (Lines 6.5 plus 7.4)	1,031,545		34		1,031,579
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,442,139		340,815		4,782,953
10. Matured endowments	23,690				23,690
11. Annuity benefits	83,379,922		71,854,099		155,234,022
12. Surrender values and withdrawals for life contracts	4,776,043		1,303		4,777,345
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	82,806				82,806
15. Totals	92,704,600		72,196,217		164,900,816
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.14	156,672							.14	156,672
17. Incurred during current year	111	4,354,702			.11	25,415			122	4,380,117
Settled during current year:										
18.1 By payment in full	110	4,263,942			.11	25,415			121	4,289,358
18.2 By payment on compromised claims										
18.3 Totals paid	110	4,263,942			.11	25,415			121	4,289,358
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	110	4,263,942			.11	25,415			121	4,289,358
19. Unpaid Dec. 31, current year (16+17-18.6)	15	247,432							15	247,432
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11,568	1,227,559,707	(a)		.291	339,237,564			11,859	1,566,797,270
21. Issued during year										
22. Other changes to in force (Net)	(652)	(68,904,377)				(9,931,373)			(652)	(78,835,749)
23. In force December 31 of current year	10,916	1,158,655,330	(a)		.291	329,306,191			11,207	1,487,961,521

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	3,090,298	3,074,203		1,440,399	1,442,999
24.1 Federal Employees Health Benefits Plan 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)	190,880	190,880		125,930	125,930
25.3 Non-renewable for stated reasons only (b)	731	731			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	191,611	191,611		125,930	125,930
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,281,910	3,265,814		1,566,329	1,568,929

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 215 and number of persons insured under indemnity only products 1,052 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		34,987,021		8,813,173		43,800,195
2. Annuity considerations		24,324,722				24,324,722
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		277,755,418		210,482,667		488,238,086
5. Totals (Sum of Lines 1 to 4)		337,067,162		219,295,841		556,363,003
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		585,727				.585,727
6.2 Applied to pay renewal premiums		560,221				.560,221
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,316,115		24		1,316,139
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,462,062		24		2,462,086
Annuities:						
7.1 Paid in cash or left on deposit						111
7.2 Applied to provide paid-up annuities		111				
7.3 Other		5,871				5,871
7.4 Totals (Sum of Lines 7.1 to 7.3)		5,982				5,982
8. Grand Totals (Lines 6.5 plus 7.4)		2,468,044		24		2,468,068
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		13,718,825		1,384,938		15,103,763
10. Matured endowments		51,047				51,047
11. Annuity benefits		270,946,365		209,724,293		480,670,658
12. Surrender values and withdrawals for life contracts		37,783,163		321,090		38,104,253
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		81,684				81,684
15. Totals		322,581,084		211,430,322		534,011,406
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.72	3,669,094			1	.176,726			.73	3,845,820
17. Incurred during current year	213	13,643,835			7	1,021,588			220	14,665,423
Settled during current year:										
18.1 By payment in full	214	15,951,090			8	1,198,314			222	17,149,405
18.2 By payment on compromised claims										
18.3 Totals paid	214	15,951,090			8	1,198,314			222	17,149,405
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	214	15,951,090			8	1,198,314			222	17,149,405
19. Unpaid Dec. 31, current year (16+17-18.6)	71	1,361,838							71	1,361,839
POLICY EXHIBIT										
20. In force December 31, prior year	22,797	5,446,528,638	(a)		465	942,503,300			23,262	6,389,031,938
21. Issued during year	110	95,916,499			7	3,166,086			117	.99,082,585
22. Other changes to in force (Net)	(1,333)	(490,446,512)			(3)	6,519,522			(1,336)	(483,926,990)
23. In force December 31 of current year	21,574	5,051,998,625	(a)		469	952,188,908			22,043	6,004,187,533

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	10,075,746	8,644,840		4,538,543	5,638,843
24.1 Federal Employees Health Benefits Plan 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)	2,102	2,102			
25.2 Guaranteed renewable (b)	95,375	95,375		81,175	81,175
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)	97,608	97,608		81,175	81,175
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,173,661	8,742,755		4,619,718	5,720,018

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 4,061 and number of persons insured under indemnity only products _____ 3,035 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,105,715		9,223,001		11,328,716
2. Annuity considerations		4,359,949				4,359,949
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		30,373,334		5,124,986		.35,498,320
5. Totals (Sum of Lines 1 to 4)		36,838,997		14,347,988		51,186,985
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		17,227				17,227
6.2 Applied to pay renewal premiums		19,642				19,642
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		26,077				26,077
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		62,947				62,947
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		370				370
7.4 Totals (Sum of Lines 7.1 to 7.3)		370				370
8. Grand Totals (Lines 6.5 plus 7.4)		63,318				63,318
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		82,255				82,255
10. Matured endowments				6,558,207		
11. Annuity benefits		27,187,383				.33,745,589
12. Surrender values and withdrawals for life contracts		1,027,807				1,027,807
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		258				258
15. Totals		28,297,703		6,558,207		34,855,910
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	2	1,445			1	1,600			3	3,045
17. Incurred during current year	7	82,255							7	82,255
Settled during current year:										
18.1 By payment in full	8	.81,200			1	.1,600			9	.82,800
18.2 By payment on compromised claims										
18.3 Totals paid	8	.81,200			1	.1,600			9	.82,800
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	.81,200			1	.1,600			9	.82,800
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,500							1	2,500
POLICY EXHIBIT										
20. In force December 31, prior year	894	202,484,422	(a)		2	17,621,685			896	.220,106,107
21. Issued during year	15	5,553,164			.72	109,365,119			.87	114,918,283
22. Other changes to in force (Net)	(61)	(11,269,971)				(151,600)			(61)	(11,421,571)
23. In force December 31 of current year	848	196,767,616	(a)		74	126,835,204			922	323,602,819

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	279,304	267,377		102,683	.104,483
24.1 Federal Employees Health Benefits Plan 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)	279,304	267,377		102,683	.104,483
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,670,461		7,594		1,678,055
2. Annuity considerations		1,047,753				1,047,753
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		11,049,572		6,318,329		17,367,901
5. Totals (Sum of Lines 1 to 4)		13,767,785		6,325,923		20,093,708
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		106,568				106,568
6.2 Applied to pay renewal premiums		158,895				158,895
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		173,944				173,944
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		439,406				439,406
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)		439,406				439,406
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,104,389				2,104,389
10. Matured endowments		23,757				23,757
11. Annuity benefits		12,324,654		5,604,310		17,928,965
12. Surrender values and withdrawals for life contracts		1,594,334				1,594,334
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		12,338				12,338
15. Totals		16,059,473		5,604,310		21,663,783
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	9	26,571							9	26,571
17. Incurred during current year .....	.55	2,104,389							.55	2,104,389
Settled during current year:										
18.1 By payment in full .....	.48	2,014,124							.48	2,014,124
18.2 By payment on compromised claims										
18.3 Totals paid .....	.48	2,014,124							.48	2,014,124
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.48	2,014,124							.48	2,014,124
19. Unpaid Dec. 31, current year (16+17-18.6)	16	116,836							16	116,836
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,242	256,090,510	(a)	2	4,346,196				4,244	260,436,706
21. Issued during year	1	600,000							1	600,000
22. Other changes to in force (Net)	(263)	(17,666,121)			2,965				(263)	(17,663,156)
23. In force December 31 of current year	3,980	239,024,389	(a)	2	4,349,161				3,982	243,373,550

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	4,072,736	4,523,951		3,378,539	3,665,439
24.1 Federal Employees Health Benefits Plan 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)	10,899	10,899			
25.2 Guaranteed renewable (b)	31,822	31,822		16,546	16,546
25.3 Non-renewable for stated reasons only (b)	2,548	2,548			
25.4 Other accident only					
25.5 All other (b)	506	506			
25.6 Totals (sum of Lines 25.1 to 25.5)	45,775	45,775		16,546	16,546
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,118,511	4,569,726		3,395,085	3,681,985

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____, current year \$ 3,634 and number of persons insured under indemnity only products _____, current year \$ 55.



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		22,002,158		235,967		22,238,125
2. Annuity considerations		13,559,841				13,559,841
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		120,999,380		33,985,464		154,984,845
5. Totals (Sum of Lines 1 to 4)		156,561,379		34,221,432		190,782,810
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		731,898		34		.731,932
6.2 Applied to pay renewal premiums		441,151		15		.441,166
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,005,353				1,005,353
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,178,401		49		2,178,450
Annuities:						
7.1 Paid in cash or left on deposit .....						.30
7.2 Applied to provide paid-up annuities		30				.30
7.3 Other		1,185				1,185
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,215				1,215
8. Grand Totals (Lines 6.5 plus 7.4)		2,179,616		49		2,179,665
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		14,254,888		555,282		14,810,170
10. Matured endowments		74,945				74,945
11. Annuity benefits		94,926,013		62,917,526		157,843,539
12. Surrender values and withdrawals for life contracts		15,880,120		18,989		15,899,109
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		237,679				.237,679
15. Totals		125,373,644		63,491,797		188,865,441
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.46	955,866							.46	.955,866
17. Incurred during current year	475	13,959,305			28	99,403			503	14,058,708
Settled during current year:										
18.1 By payment in full	466	13,858,973			27	89,403			493	13,948,377
18.2 By payment on compromised claims					27	89,403			493	13,948,377
18.3 Totals paid	466	13,858,973			27	89,403			493	13,948,377
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	466	13,858,973			27	89,403			493	13,948,377
19. Unpaid Dec. 31, current year (16+17-18.6)	55	1,056,198			1	10,000			56	1,066,198
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	42,165	3,731,777,348	(a)		12	279,316,242			42,177	4,011,093,590
21. Issued during year	4	5,637,263							4	5,637,263
22. Other changes to in force (Net)	(2,479)	(268,012,801)				(983,599)			(2,479)	(268,996,400)
23. In force December 31 of current year	39,690	3,469,401,811	(a)		12	278,332,643			39,702	3,747,734,454

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	2,179,042	2,318,335		1,171,555	1,260,605
24.1 Federal Employees Health Benefits Plan 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)	882,722	882,722		669,403	.669,403
25.3 Non-renewable for stated reasons only (b)	530	530			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	884,806	884,806		669,403	.669,403
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,065,127	3,204,420		1,840,959	1,930,009

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ . 794 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,378,255		76,561		3,454,816
2. Annuity considerations		10,026,947				10,026,947
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		87,621,103		51,129,587		138,750,690
5. Totals (Sum of Lines 1 to 4)		101,026,305		51,206,148		152,232,453
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		141,288		10		141,298
6.2 Applied to pay renewal premiums		123,077				123,077
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		194,713		30		194,742
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		459,078		40		459,118
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		74				74
7.3 Other		233				233
7.4 Totals (Sum of Lines 7.1 to 7.3)		306				306
8. Grand Totals (Lines 6.5 plus 7.4)		459,384		40		459,424
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		4,644,407		78,249		4,722,656
10. Matured endowments		15,531				15,531
11. Annuity benefits		92,862,350		63,784,658		156,647,008
12. Surrender values and withdrawals for life contracts		5,309,672		745		5,310,417
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		5,907				5,907
15. Totals		102,837,867		63,863,651		166,701,519
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.13	65,025			2	.6,850			.15	.71,875
17. Incurred during current year .....	.47	4,589,380			8	17,041			.55	4,606,421
Settled during current year:										
18.1 By payment in full .....	.50	4,631,317			7	15,503			.57	4,646,821
18.2 By payment on compromised claims										
18.3 Totals paid .....	.50	4,631,317			7	15,503			.57	4,646,821
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.50	4,631,317			7	15,503			.57	4,646,821
19. Unpaid Dec. 31, current year (16+17-18.6)	10	23,088			3	8,388			13	31,476
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,659	.604,432,157	(a)		3	45,406,605			3,662	649,838,763
21. Issued during year	3	3,593,300							3	3,593,300
22. Other changes to in force (Net)	(177)	(32,393,348)				(830,367)			(177)	(33,223,714)
23. In force December 31 of current year	3,485	575,632,110	(a)		3	44,576,239			3,488	620,208,348

(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 \$ _____. Includes Group Credit Life Insurance Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	3,236,872	3,231,625		1,157,360	.921,045
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	138	138			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,073	11,073			
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)	11,073	11,073			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,248,084	3,242,837		1,157,360	.921,045

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		5,529,712		24,275		5,553,987
2. Annuity considerations		7,054,098				7,054,098
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		33,901,016		6,488,392		40,389,409
5. Totals (Sum of Lines 1 to 4)		46,484,826		6,512,668		52,997,494
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		237,932				237,932
6.2 Applied to pay renewal premiums		72,676				72,676
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		296,970				296,970
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		607,578				607,578
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)		607,578				607,578
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		4,300,078		88,961		4,389,039
10. Matured endowments		32,620				32,620
11. Annuity benefits		20,965,508		7,227,913		28,193,421
12. Surrender values and withdrawals for life contracts		2,902,182		2,557		2,904,739
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		168,935				168,935
15. Totals		28,369,323		7,319,431		35,688,753
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	24	372,400			1	1,648			25	.374,048
17. Incurred during current year	213	4,238,596			6	13,921			219	4,252,517
Settled during current year:										
18.1 By payment in full	216	4,477,485			5	12,932			221	4,490,417
18.2 By payment on compromised claims										
18.3 Totals paid	216	4,477,485			5	12,932			221	4,490,417
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	216	4,477,485			5	12,932			221	4,490,417
19. Unpaid Dec. 31, current year (16+17-18.6)	21	133,511			2	2,637			23	136,148
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	15,065	778,093,876	(a)		.50,063,740				15,065	828,157,616
21. Issued during year	1	40,000							1	40,000
22. Other changes to in force (Net)	(851)	(55,224,515)			(18,626)				(851)	(55,243,142)
23. In force December 31 of current year	14,215	722,909,360	(a)		50,045,114				14,215	772,954,474

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	1 No.	2 Amount	3 No. of Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
24. Group Policies (b)		1,076,425		906,760				260,173		.608,873
24.1 Federal Employees Health Benefits Plan 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)		643,963		643,963				336,861		.336,861
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)		643,963		643,963				336,861		.336,861
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,720,388		1,550,723				597,034		945,734

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____ 337 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,615,202		.33,682		4,648,885
2. Annuity considerations		5,582,338		2		5,582,340
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		94,228,906		79,466,464		173,695,370
5. Totals (Sum of Lines 1 to 4)		104,426,447		79,500,148		183,926,595
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		109,781		.13		.109,794
6.2 Applied to pay renewal premiums		147,124				.147,124
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		308,672				.308,672
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		565,577		.13		.565,590
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		1,035				.1,035
7.3 Other		44,982				.44,982
7.4 Totals (Sum of Lines 7.1 to 7.3)		46,017				.46,017
8. Grand Totals (Lines 6.5 plus 7.4)		611,594		.13		.611,607
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,361,791		107,758		1,469,550
10. Matured endowments		2,574				.2,574
11. Annuity benefits		67,102,315		127,089,796		194,192,111
12. Surrender values and withdrawals for life contracts		2,363,960		13,239		.2,377,199
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		8,805				.8,805
15. Totals		70,839,446		127,210,793		198,050,239
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.14	806,960			3	.3,858			.17	.810,818
17. Incurred during current year .....	.44	1,202,722			10	24,986			.54	1,227,708
Settled during current year:										
18.1 By payment in full .....	.52	1,997,282			8	23,107			.60	2,020,389
18.2 By payment on compromised claims										
18.3 Totals paid .....	.52	1,997,282			8	23,107			.60	2,020,389
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.52	1,997,282			8	23,107			.60	2,020,389
19. Unpaid Dec. 31, current year (16+17-18.6)	6	12,400			5	5,737			11	18,138
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.5,579	.474,996,060	(a)		.61	101,699,457			.5,640	.576,695,517
21. Issued during year .....	.46	42,284,740							.46	.42,284,740
22. Other changes to in force (Net)	(250)	(26,011,725)				(1,143,419)			(250)	(27,155,145)
23. In force December 31 of current year	5,375	491,269,075	(a)		61	100,556,038			5,436	.591,825,113

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.4,136,498	2,256,621		.1,256,094	1,509,988
24.1 Federal Employees Health Benefits Plan 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)	1,324	1,324			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,324	1,324			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,137,822	2,257,944		1,256,094	1,509,988

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,759 and number of persons insured under indemnity only products 345 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,867,021		8,312		1,875,333
2. Annuity considerations		136,049				136,049
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations .....		.3,102,632		1,859,620		4,962,252
5. Totals (Sum of Lines 1 to 4)		5,105,701		1,867,932		6,973,633
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		11,133				11,133
6.2 Applied to pay renewal premiums		36,197				36,197
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		6,279				6,279
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		53,609				53,609
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		171				171
7.4 Totals (Sum of Lines 7.1 to 7.3)		171				171
8. Grand Totals (Lines 6.5 plus 7.4)		53,779				53,779
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		158,691		9,751		.168,442
10. Matured endowments						
11. Annuity benefits .....		.3,177,681		1,507,030		4,684,711
12. Surrender values and withdrawals for life contracts		89,511				89,511
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		1				1
15. Totals		3,425,884		1,516,781		4,942,665
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	2	.8,261			1	.3,189			3	.11,450
17. Incurred during current year .....	.1	158,691				.1,811			.1	.160,502
Settled during current year:										
18.1 By payment in full	3	166,952			1	.5,000			4	.171,952
18.2 By payment on compromised claims										
18.3 Totals paid	3	166,952			1	.5,000			4	.171,952
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	166,952			1	.5,000			4	.171,952
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	406	60,560,416	(a)			1,041,344			406	.61,601,760
21. Issued during year .....	.22	10,037,932							.22	.10,037,932
22. Other changes to in force (Net)	(17)	(2,439,542)				(4,999)			(17)	(2,444,541)
23. In force December 31 of current year	411	68,158,806	(a)			1,036,344			411	.69,195,150

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.395,215	371,393		.330,701	.330,501
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	252	252			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	755	755			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,007	1,007			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	396,222	372,400		330,701	.330,501

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 49 and number of persons insured under indemnity only products _____ 42 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	58,334				58,334
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	58,334				58,334
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,143				1,143
6.2 Applied to pay renewal premiums	134				134
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2				2
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,279				1,279
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)	1,279				1,279
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	22,113				22,113
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	22,113				22,113
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year	2	22,865							2	22,865
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)	2	22,865							2	22,865
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.46	15,108,463	(a)						.46	15,108,463
21. Issued during year										
22. Other changes to in force (Net)	(.7)	(1,058,882)							(.7)	(1,058,882)
23. In force December 31 of current year	39	14,049,581	(a)						39	14,049,581

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,170				1,170
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	43,273		4,800		48,073
5. Totals (Sum of Lines 1 to 4)	44,442		4,800		49,242
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	997,942		326,795		1,324,737
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	997,942		326,795		1,324,737
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 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					5 No. of Policies					
20. In force December 31, prior year	2	84,379	(a)						2	84,379
21. Issued during year										
22. Other changes to in force (Net)		9								9
23. In force December 31 of current year	2	84,388	(a)						2	84,388

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		465,236				.465,236
2. Annuity considerations		673,296				.673,296
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		36,034,836		1,722,680		.37,757,516
5. Totals (Sum of Lines 1 to 4)		37,173,368		1,722,680		.38,896,048
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		5,213				.5,213
6.2 Applied to pay renewal premiums		70				.70
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		3,710				.3,710
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		8,992				.8,992
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)		8,992				.8,992
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		523,470		11,988		.535,458
10. Matured endowments				7,232,381		.32,149,978
11. Annuity benefits		24,917,597				.186,342
12. Surrender values and withdrawals for life contracts		186,342				
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		113				.113
15. Totals		25,627,522		7,244,369		.32,871,891
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	1	.291							1	.291
17. Incurred during current year	1	500,000							1	.500,000
Settled during current year:										
18.1 By payment in full	1	500,000							1	.500,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	500,000							1	.500,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	500,000							1	.500,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	291							1	.291
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	135	51,006,594	(a)	3	331,112				138	.51,337,706
21. Issued during year	4	4,000,000							4	.4,000,000
22. Other changes to in force (Net)	(14)	(5,212,689)							(14)	(5,212,689)
23. In force December 31 of current year	125	49,793,905	(a)	3	331,112				128	.50,125,017

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)		22			
24.1 Federal Employees Health Benefits Plan 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)	501	501			
25.6 Totals (sum of Lines 25.1 to 25.5)	501	501			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	501	522			

(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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	123,800		27		123,827
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations .....	.5,017,655		.58,486		.5,076,141
5. Totals (Sum of Lines 1 to 4)	5,141,455		58,513		5,199,968
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	842				842
6.2 Applied to pay renewal premiums	450				450
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)	1,292				1,292
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)	1,292				1,292
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	395,338		75,014		.470,352
12. Surrender values and withdrawals for life contracts	5,612				5,612
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	400,951		75,014		475,964
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.36	2,816,117	(a)						.36	2,816,117
21. Issued during year										
22. Other changes to in force (Net)	(.2)	(338,637)							(.2)	(338,637)
23. In force December 31 of current year	34	2,477,480	(a)						34	2,477,480

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.16,543	18,772		.31,352	.31,352
24.1 Federal Employees Health Benefits Plan 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)	16,543	18,772		.31,352	.31,352
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 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	94,761				94,761
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations			16,977		16,977
5. Totals (Sum of Lines 1 to 4)	94,761		16,977		111,738
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	13,455				13,455
6.2 Applied to pay renewal premiums	11,519				11,519
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,618				6,618
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	31,592				31,592
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)	31,592				31,592
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	32,960				32,960
10. Matured endowments					
11. Annuity benefits	176,497		281,706		.458,203
12. Surrender values and withdrawals for life contracts	73,022				73,022
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	282				282
15. Totals	282,761		281,706		564,467
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	3	12,000							3	12,000
17. Incurred during current year	(2)	(1,888)							(2)	(1,888)
Settled during current year:										
18.1 By payment in full	1	10,112							1	10,112
18.2 By payment on compromised claims										
18.3 Totals paid	1	10,112							1	10,112
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	10,112							1	10,112
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	205	46,897,911	(a)	2	47,787				207	46,945,698
21. Issued during year										
22. Other changes to in force (Net)	1	1,997,385							1	1,997,385
23. In force December 31 of current year	206	48,895,297	(a)	2	47,787				208	48,943,084

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,007,531			854	1,008,384
2. Annuity considerations		14,214				14,214
3. Deposit-type contract funds			XXX			
4. Other considerations		119,006		97,267		216,273
5. Totals (Sum of Lines 1 to 4)		1,140,750		98,121		1,238,871
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....		.47,033				.47,033
6.2 Applied to pay renewal premiums		65,184				65,184
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		110,792				110,792
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		223,010				223,010
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)		223,010				223,010
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		670,773			3,211	.673,984
10. Matured endowments		5,000				5,000
11. Annuity benefits		528,193			86,304	.614,498
12. Surrender values and withdrawals for life contracts		2,665,640			9,418	2,675,058
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		12,907				12,907
15. Totals		3,882,513			98,933	3,981,446
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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	7	269,776							7	.269,776
17. Incurred during current year	1	514,159							1	.514,159
Settled during current year:										
18.1 By payment in full	5	65,754							5	.65,754
18.2 By payment on compromised claims										
18.3 Totals paid	5	65,754							5	.65,754
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	65,754							5	.65,754
19. Unpaid Dec. 31, current year (16+17-18.6)	3	718,181							3	718,181
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	772	103,423,652	(a)	2	2,393,309				774	105,816,961
21. Issued during year										
22. Other changes to in force (Net)	(47)	(4,227,106)			(19,976)				(47)	(4,247,082)
23. In force December 31 of current year	725	99,196,546	(a)	2	2,373,333				727	101,569,879

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,672	1,672		9,900	.9,900
24.1 Federal Employees Health Benefits Plan 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)	1,672	1,672		9,900	.9,900
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 _____ 0 and number of persons insured under indemnity only products _____ 9 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0140

DURING THE YEAR 2013

NAIC Company Code 66869

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	719,851,709			612,532,428		1,332,384,137
2. Annuity considerations	600,365,055			702,494		601,067,549
3. Deposit-type contract funds	887,490,030		XXX			887,490,030
4. Other considerations	6,183,735,595			3,336,654,113		9,520,389,708
5. Totals (Sum of Lines 1 to 4)	8,391,442,389			3,949,889,035		12,341,331,424
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	16,725,935			14,768		16,740,702
6.2 Applied to pay renewal premiums	14,917,078			191		14,917,269
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	27,533,299			615		27,533,913
6.4 Other	(3,606,450)			(1,712)		(3,608,161)
6.5 Totals (Sum of Lines 6.1 to 6.4)	55,569,861			13,862		55,583,723
Annuities:						
7.1 Paid in cash or left on deposit	49,394					49,394
7.2 Applied to provide paid-up annuities	3,579					3,579
7.3 Other	147,665					147,665
7.4 Totals (Sum of Lines 7.1 to 7.3)	200,639					200,639
8. Grand Totals (Lines 6.5 plus 7.4)	55,770,500			13,862		55,784,362
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	407,119,223			106,454,788		513,574,012
10. Matured endowments	2,696,445					2,696,445
11. Annuity benefits	4,977,609,810			4,603,594,195		9,581,204,005
12. Surrender values and withdrawals for life contracts	494,352,830			50,074,024		544,426,854
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....	.4,286,698			(334,578)		3,952,120
15. Totals	5,886,065,006			4,759,788,429		10,645,853,435
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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	Industrial	Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount					9 No.	10 Amount
16. Unpaid December 31, prior year	1,565	54,143,484			163	1,574,843			1,728	.55,718,327
17. Incurred during current year	9,425	406,004,426			888	80,550,259			10,313	486,554,684
Settled during current year:										
18.1 By payment in full	9,602	413,453,256			830	79,625,083			10,432	493,078,339
18.2 By payment on compromised claims										
18.3 Totals paid	9,602	413,453,256			830	79,625,083			10,432	493,078,339
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9,602	413,453,256			830	79,625,083			10,432	493,078,339
19. Unpaid Dec. 31, current year (16+17-18.6)	1,388	46,694,654			221	2,500,018			1,609	49,194,672
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	756,252	101,943,570,643	(a)		21,282	41,240,222,947			.777,534	143,183,793,590
21. Issued during year	5,129	2,342,360,784			1,177	2,101,343,956			6,306	4,443,704,740
22. Other changes to in force (Net)	(43,695)	(6,858,758,777)			(224)	66,067,448			(43,919)	(6,792,691,329)
23. In force December 31 of current year	717,686	97,427,172,649	(a)		22,235	43,407,634,351			739,921	140,834,807,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred	
24. Group Policies (b)	242,038,615	218,143,085			.128,079,975	145,098,110
24.1 Federal Employees Health Benefits Plan premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively renewable policies (b)	2,920	2,903			4,160	4,219
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancelable (b)	1,018,868	1,018,800			3,201,401	3,201,486
25.2 Guaranteed renewable (b)	10,918,850	11,039,779			8,374,142	8,208,945
25.3 Non-renewable for stated reasons only (b)	234,789	234,789			67,662	45,220
25.4 Other accident only						
25.5 All other (b)	11,014	11,014			7,908	7,661
25.6 Totals (sum of Lines 25.1 to 25.5)	12,183,522	12,304,382			11,651,113	11,463,312
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	254,225,057	230,450,371			139,735,247	156,565,642

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 104,876 and number of persons insured under indemnity only products _____ 32,204 .

ANNUAL STATEMENT FOR THE YEAR 2013 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	79,540,835
2. Current year's realized pre-tax capital gains/(losses) of \$(17,852,532) transferred into the reserve net of taxes of \$(6,248,386)	(11,604,146)
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	67,936,689
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	12,399,160
6. Reserve as of December 31, current year (Line 4 minus Line 5)	55,537,529

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. 2013	12,171,278	227,882		12,399,160
2. 2014	9,596,505	35,267		9,631,772
3. 2015	8,550,500	(471,122)		8,079,378
4. 2016	7,011,214	(563,136)		6,448,078
5. 2017	5,282,179	(582,794)		4,699,385
6. 2018	6,579,725	(663,721)		5,916,004
7. 2019	4,030,668	(857,965)		3,172,703
8. 2020	4,113,877	(730,055)		3,383,822
9. 2021	3,786,837	(611,403)		3,175,434
10. 2022	3,262,812	(533,391)		2,729,421
11. 2023	2,930,035	(301,650)		2,628,385
12. 2024	2,306,517	(229,499)		2,077,018
13. 2025	2,165,771	(235,154)		1,930,617
14. 2026	1,519,041	(249,096)		1,269,945
15. 2027	811,542	(264,233)		547,309
16. 2028	615,866	(304,926)		310,940
17. 2029	597,724	(327,005)		270,719
18. 2030	604,266	(347,422)		256,844
19. 2031	358,387	(360,227)		(1,840)
20. 2032	352,918	(373,168)		(20,250)
21. 2033	575,081	(383,987)		191,094
22. 2034	710,968	(396,652)		314,316
23. 2035	754,070	(410,125)		343,945
24. 2036	740,896	(381,722)		359,174
25. 2037	724,487	(390,366)		334,121
26. 2038	456,558	(407,429)		49,129
27. 2039	127,315	(425,590)		(298,275)
28. 2040	117,829	(407,816)		(289,987)
29. 2041	(306,685)	(362,364)		(669,049)
30. 2042	(316,355)	(256,399)		(572,754)
31. 2043 and Later	(690,991)	(38,878)		(729,869)
32. Total (Lines 1 to 31)	79,540,835	(11,604,146)		67,936,689

ANNUAL STATEMENT FOR THE YEAR 2013 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	128,385,839	47,436,973	175,822,813	1,741,910	5,000,223	6,742,133	182,564,945
2. Realized capital gains/(losses) net of taxes - General Account		(7,391,223)		(7,391,223)	378,290	(212,025)	166,265
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	7,097,017	2,409,565	9,506,582	18,375,115	(4,357,126)	14,017,989	23,524,571
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	43,277,774	20,271,977	63,549,751		502,805	502,805	64,052,556
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	171,369,407	70,118,516	241,487,923	20,495,315	933,877	21,429,191	262,917,114
9. Maximum reserve	209,570,884	75,295,914	284,866,798	2,861,522	3,783,147	6,644,669	291,511,467
10. Reserve objective	145,237,685	57,919,935	203,157,620	2,731,822	3,224,475	5,956,297	209,113,917
11. 20% of (Line 10 - Line 8)	(5,226,344)	(2,439,716)	(7,666,061)	(3,552,699)	458,120	(3,094,579)	(10,760,639)
12. Balance before transfers (Lines 8 + 11)	166,143,063	67,678,799	233,821,862	16,942,616	1,391,996	18,334,613	252,156,475
13. Transfers				(2,391,151)	2,391,151		XXX
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero				(11,689,944)		(11,689,944)	(11,689,944)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	166,143,063	67,678,799	233,821,862	2,861,521	3,783,147	6,644,669	240,466,531

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.	1	Exempt Obligations	108,723,864	XXX	XXX	108,723,864	0.0000	0.0000	0.0000	0.0000	0.0000	
2.		Highest Quality	13,867,894,752	XXX	XXX	13,867,894,752	0.0004	5,547,158	0.0023	31,896,158	0.0030	
3.		High Quality	10,139,451,927	XXX	XXX	10,139,451,927	0.0019	19,264,959	0.0058	58,808,821	0.0090	
4.		Medium Quality	861,280,690	XXX	XXX	861,280,690	0.0093	8,009,910	0.0230	19,809,456	0.0340	
5.		Low Quality	274,390,267	XXX	XXX	274,390,267	0.0213	5,844,513	0.0530	14,542,684	0.0750	
6.		Lower Quality	63,596,274	XXX	XXX	63,596,274	0.0432	2,747,359	0.1100	6,995,590	0.1700	
7.		In or Near Default	32,763,272	XXX	XXX	32,763,272	0.0000	0.2000	6,552,654	0.2000	6,552,654	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX	XXX	XXX	XXX		
9.		Total Bonds (Sum of Lines 1 through 8)	25,348,101,046	XXX	XXX	25,348,101,046	XXX	41,413,899	XXX	138,605,364	XXX	
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
12.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	
SHORT - TERM BONDS												
18.	1	Exempt Obligations	181,289,397	XXX	XXX	181,289,397	0.0000		0.0000		0.0000	
19.		Highest Quality	47,710,841	XXX	XXX	47,710,841	0.0004	19,084	0.0023	109,735	0.0030	
20.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	229,000,238	XXX	XXX	229,000,238	XXX	19,084	XXX	109,735	XXX	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
26.	1	DERIVATIVE INSTRUMENTS	170,809,354	XXX	XXX	170,809,354	0.0004	.68,324	0.0023	.392,862	0.0030	512,428
27.		Exchange Traded	22,141,348	XXX	XXX	22,141,348	0.0004	8,857	0.0023	50,925	0.0030	66,424
28.		Highest Quality		XXX	XXX		0.0019		0.0058		0.0090	
29.		High Quality		XXX	XXX		0.0093		0.0230		0.0340	
30.		Medium Quality		XXX	XXX		0.0213		0.0530		0.0750	
31.		Low Quality		XXX	XXX		0.0432		0.1100		0.1700	
32.		Lower Quality		XXX	XXX		0.0000		0.2000		0.2000	
33.		In or Near Default		XXX	XXX							
34.		Total Derivative Instruments	192,950,702	XXX	XXX	192,950,702	XXX	77,180	XXX	443,787	XXX	578,852
		Total (Lines 9 + 17 + 25 + 33)	25,770,051,986	XXX	XXX	25,770,051,986	XXX	41,510,163	XXX	139,158,885	XXX	200,807,571
		MORTGAGE LOANS										
35.		In Good Standing:										
36.		Farm Mortgages			XXX		0.0035		0.0100		0.0130	
37.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
38.		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
39.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
40.		Commercial Mortgages - All Other	5,690,344,864		XXX	5,690,344,864	0.0035	19,916,207	0.0100	56,903,449	0.0130	73,974,483
		In Good Standing With Restructured Terms	1,220,006		XXX	1,220,006	0.0035	4,270	0.0100	12,200	0.0130	15,860
		Overdue, Not in Process:										
41.		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
42.		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
43.		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
44.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
45.		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
46.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
48.		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
50.		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
51.		Total Schedule B Mortgages (Sum of Lines 35 through 50)	5,691,564,870		XXX	5,691,564,870	XXX	19,920,477	XXX	56,915,649	XXX	73,990,343
52.		Schedule DA Mortgages	5,691,564,870		XXX	5,691,564,870	0.0030		0.0100		0.0130	
53.		Total Mortgage Loans on Real Estate (Lines 51 + 52)	5,691,564,870		XXX	5,691,564,870	XXX	19,920,477	XXX	56,915,649	XXX	73,990,343

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public	57,102	XXX	XXX	57,102	0.0000		0.2000 (a)	11,420	0.2000 (a)	11,420
2.		Unaffiliated - Private	14,304,072	XXX	XXX	14,304,072	0.0000		0.1600	2,288,652	0.1600	2,288,652
3.		Federal Home Loan Bank	43,233,400	XXX	XXX	43,233,400	0.0000		0.0050	216,167	0.0080	345,867
4.		Affiliated - Life with AVR	534,066,446	XXX	XXX	534,066,446	0.0000		0.0000		0.0000	
5.		Affiliated - Investment Subsidiary:										
6.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
7.		Fixed Income - Highest Quality					XXX		XXX		XXX	
8.		Fixed Income - High Quality					XXX		XXX		XXX	
9.		Fixed Income - Medium Quality					XXX		XXX		XXX	
10.		Fixed Income - Low Quality					XXX		XXX		XXX	
11.		Fixed Income - Lower Quality					XXX		XXX		XXX	
12.		Fixed Income - In/Near Default					XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public					0.0000		0.1300 (a)		0.1300 (a)	
14.		Unaffiliated Common Stock - Private					0.0000		0.1600		0.1600	
15.		Mortgage Loans					0.0030		0.0100		0.0130	
16.		Real Estate					(b)		(b)		(b)	
17.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
18.		Affiliated - All Other	1,347,392	XXX	XXX	1,347,392	0.0000		0.1600	215,583	0.1600	215,583
		Total Common Stock (Sum of Lines 1 through 17)	593,008,412			593,008,412	XXX		XXX	2,731,822	XXX	2,861,522
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.		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	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
31.	1	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
		Lower Quality.....		XXX	XXX		0.0432		0.1100		0.1700	
		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.	6	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:										
		Farm Mortgages			XXX		0.0030		0.0100		0.0130	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
		Residential Mortgages - All Other		XXX	XXX		0.0013		0.0030		0.0040	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
		Commercial Mortgages - All Other			XXX		0.0030		0.0100		0.0130	
44.		In Good Standing With Restructured Terms			XXX		0.0030		0.0100		0.0130	
		Overdue, Not in Process:										
		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
55.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)			XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
56.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
57.		Unaffiliated Public		XXX	XXX		0.0000		0.1300 (a)		0.1300 (a)	
58.		Unaffiliated Private	252,719	XXX	XXX	252,719	0.0000		0.1600	.40,435	0.1600	
59.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
60.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
61.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1600		0.1600	
		Total with Common Stock Characteristics (Sum of Lines 56 through 60)	252,719	XXX	XXX	252,719	XXX		XXX	40,435	XXX	
62.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
63.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
64.		Investment Properties	28,426,102			28,426,102	0.0000		0.0750	2,131,958	0.0750	
65.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
		Total with Real Estate Characteristics (Lines 62 through 64)	28,426,102			28,426,102	XXX		XXX	2,131,958	XXX	
66.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
67.		Guaranteed Federal Low Income Housing Tax Credit	1,000			1,000	0.0003		0.0006	.1	0.0010	
68.		Non-guaranteed Federal Low Income Housing Tax Credit	78,010,334			78,010,334	0.0063	491,465	0.0120	936,124	0.0190	
69.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
70.		Non-guaranteed State Low Income Housing Tax Credit	1,799,888			1,799,888	0.0063	11,339	0.0120	21,599	0.0190	
71.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		Total LIHTC	79,811,222			79,811,222	XXX	502,805	XXX	957,723	XXX	
72.		ALL OTHER INVESTMENTS										
73.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0037		0.0037	
74.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0120		0.0120	
75.		Other Invested Assets - Schedule BA	725,842	XXX		725,842	0.0000		0.1300	94,359	0.1300	
76.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1300		0.1300	
77.		Total All Other (Sum of Lines 72 + 73, 74 and 75)	725,842	XXX		725,842	XXX		XXX	94,359	XXX	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 71 and 76)	109,215,885			109,215,885	XXX	502,805	XXX	3,224,475	XXX	

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE F

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

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
N991107760		TN	2008	100,000	6,000		Falsification on reinstatement ..
4199753		TX	2012	1,000,000	525,000		Misrepresentation due to age ..
0199999. Death Claims - Ordinary				1,100,000	531,000		XXX
0599999. Death Claims - Disposed Of				1,100,000	531,000		XXX
1099999. Additional Accidental Death Benefits Claims - Disposed Of							XXX
1599999. Disability Benefits Claims - Disposed Of							XXX
2099999. Matured Endowments Claims - Disposed Of							XXX
2599999. Annuities with Life Contingency Claims - Disposed Of							XXX
2699999. Claims Disposed of During Current Year				1,100,000	531,000		XXX
L034804300		MI	2010	500,000		500,000	Beneficiary is suspect in homicide ..
2799999. Death Claims - Ordinary				500,000		500,000	XXX
3199999. Death Claims - Resisted				500,000		500,000	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				500,000		500,000	XXX
5399999 - Totals				1,600,000	531,000	500,000	XXX

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %							11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %		
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	710,497	XXX.	614,061	XXX.		XXX.		XXX.	43,445	XXX.	47,304	XXX.	5,687	XXX.	XXX.	XXX.	XXX.	XXX.
2. Premiums earned	822,783	XXX.	720,186	XXX.		XXX.		XXX.	43,445	XXX.	47,337	XXX.	11,815	XXX.	XXX.	XXX.	XXX.	XXX.
3. Incurred claims	1,544,580	187.7	1,354,404	188.1					116,278	267.6	14,293	30.2	67,662	572.7				(8,057)
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	1,544,580	187.7	1,354,404	188.1					116,278	267.6	14,293	30.2	67,662	572.7				(8,057)
6. Increase in contract reserves	105,708	12.8	105,708	14.7														
7. Commissions (a)	(24,741,637)	(3,007.1)	(24,671,889)	(3,425.8)					(61,198)	(140.9)	1,709	3.6						(10,259)
8. Other general insurance expenses	19,818,164	2,408.7	19,845,331	2,755.6					(47,723)	(109.8)	10,273	21.7	24	0.2				10,259
9. Taxes, licenses and fees	4,870,567	592.0	4,870,577	676.3					3	0.0	(43)	(0.1)						30
10. Total other expenses incurred	(52,906)	(6.4)	44,019	6.1					(108,918)	(250.7)	11,939	25.2	24	0.2				30
11. Aggregate write-ins for deductions	(114,341)	(13.9)	(114,341)	(15.9)														
12. Gain from underwriting before dividends or refunds	(660,258)	(80.2)	(669,604)	(93.0)					36,085	83.1	21,105	44.6	(55,871)	(472.9)				8,027
13. Dividends or refunds	15	0.0											15	0.1				
14. Gain from underwriting after dividends or refunds	(660,273)	(80.2)	(669,604)	(93.0)					36,085	83.1	21,105	44.6	(55,886)	(473.0)				8,027
DETAILS OF WRITE-INS																		
1101. Change in Rate Stabilization	93,659	11.4	93,659	13.0														
1102. Change in Loss Recognition Reserve	(208,000)	(25.3)	(208,000)	(28.9)														
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	(114,341)	(13.9)	(114,341)	(15.9)														

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

ANNUAL STATEMENT FOR THE YEAR 2013 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 .....	.68,064,714	68,064,714							
2. Advance premiums	(19,661)	(18,487)					(1,174)		
3. Reserve for rate credits									
4. Total premium reserves, current year	68,045,053	68,046,227					(1,174)		
5. Total premium reserves, prior year	51,124,090	51,125,230					(1,140)		
6. Increase in total premium reserves	16,920,963	16,920,997					(34)		
B. Contract Reserves:									
1. Additional reserves (a)	4,114,849	4,114,849							
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	4,114,849	4,114,849							
4. Total contract reserves, prior year	4,009,141	4,009,141							
5. Increase in contract reserves	105,708	105,708							
C. Claim Reserves and Liabilities:									
1. Total current year	47,330,117	39,458,456				1,401,803	330,670	100,000	772
2. Total prior year	46,740,098	38,807,675				1,440,731	344,447	100,000	772
3. Increase	590,019	650,781				(38,928)	(13,777)		(8,057)

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	954,561	703,623				155,206	28,070	67,662	
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	47,330,117	39,458,456				1,401,803	330,670	100,000	772
2.2 On claims incurred during current year									
3. Test:									
3.1 Lines 1.1 and 2.1	48,284,678	40,162,079				1,557,009	358,740	167,662	772
3.2 Claim reserves and liabilities, December 31, prior year	46,740,098	38,807,675				1,440,731	344,447	100,000	772
3.3 Line 3.1 minus Line 3.2	1,544,580	1,354,404				116,278	14,293	67,662	(8,057)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	35	.35							
2. Premiums earned	35	.35							
3. Incurred claims	(134,489)	(134,489)							
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	253,514,595	241,424,589			2,920	975,423	10,871,547	229,102	11,014
2. Premiums earned	246,767,030	234,556,181			2,903	975,355	10,992,475	229,102	11,014
3. Incurred claims	155,476,591	144,259,998			4,219	3,046,280	8,180,875	(22,442)	7,661
4. Commissions	68,816,326	67,894,510				104,714	776,047	30,796	10,259

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2013 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	117,859,471	15,318,821	23,378,418	156,556,710
2. Beginning Claim Reserves and Liabilities	30,156,631	1,952,765	69,703,204	101,812,600
3. Ending Claim Reserves and Liabilities	43,175,147	1,243,000	74,456,169	118,874,316
4. Claims Paid	104,840,955	16,028,586	18,625,453	139,494,994
B. Assumed Reinsurance:				
5. Incurred Claims.....	(134,489)			(134,489)
6. Beginning Claim Reserves and Liabilities	174,489			174,489
7. Ending Claim Reserves and Liabilities	40,000			40,000
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....	120,674,450	16,028,586	18,773,555	155,476,591
10. Beginning Claim Reserves and Liabilities	11,325,975		43,921,016	55,246,991
11. Ending Claim Reserves and Liabilities	27,293,959		44,290,240	71,584,199
12. Claims Paid	104,706,466	16,028,586	18,404,331	139,139,383
D. Net:				
13. Incurred Claims.....	(2,949,468)	(709,765)	4,604,863	945,630
14. Beginning Claim Reserves and Liabilities	19,005,145	1,952,765	25,782,188	46,740,098
15. Ending Claim Reserves and Liabilities	15,921,188	1,243,000	30,165,929	47,330,117
16. Claims Paid	134,489		221,122	355,611
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	1,544,580			1,544,580
18. Beginning Reserves and Liabilities	46,740,098			46,740,098
19. Ending Reserves and Liabilities	47,330,117			47,330,117
20. Paid Claims and Cost Containment Expenses	954,561			954,561

ANNUAL STATEMENT FOR THE YEAR 2013 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 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	..12/31/1996	Nationwide Life and Annuity Insurance Co	OH	AMCO/I			247,231,593		2,757,805,597	
.92657	.31-1000740	..02/26/1999	Nationwide Life and Annuity Insurance Co	OH	CO/G	119,909,496	149,805,935				
.92657	.31-1000740	..01/01/1994	Nationwide Life and Annuity Insurance Co	OH	MCO/I	953,845,184		5,562,241		47,020,294	
0299999.	General Account - U.S. Affiliates - Other					1,073,754,680	149,805,935	252,793,834		2,804,825,891	
0399999.	Total General Account - U.S. Affiliates					1,073,754,680	149,805,935	252,793,834		2,804,825,891	
0699999.	Total General Account - Non-U.S. Affiliates										
0799999.	Total General Account - Affiliates					1,073,754,680	149,805,935	252,793,834		2,804,825,891	
.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		1,633,654				
.65676	.35-0472300	..02/01/1989	Lincoln National Life Insurance Co	IN	YRT/I		9,609	67,442			
.82627	.06-0839705	..01/01/1989	Swiss Re Life and Health America Inc	NY	YRT/I		76,358	2,541			
.70335	.94-0971150	..01/01/1986	West Coast Life Ins Co	CA	OTH/G	1,391,461	525,375		595		
.70335	.94-0971150	..01/01/1986	West Coast Life Ins Co	CA	OTH/G	2,617,165	375,437		77,661		
0899999.	General Account - U.S. Non-Affiliates					4,008,626	2,621,760	148,238			
1099999.	Total General Account - Non-Affiliates					4,008,626	2,621,760	148,238			
1199999.	Total General Account					1,077,763,305	152,427,695	252,942,072		2,804,825,891	
.92657	.31-1000740	..01/01/1994	Nationwide Life and Annuity Insurance Co	OH	MCO/I					107,568,645	
1399999.	Separate Accounts - U.S. Affiliates - Other									107,568,645	
1499999.	Total Separate Accounts - U.S. Affiliates									107,568,645	
1799999.	Total Separate Accounts - Non-U.S. Affiliates										
1899999.	Total Separate Accounts - Affiliates									107,568,645	
2199999.	Total Separate Accounts - Non-Affiliates										
2299999.	Total Separate Accounts									107,568,645	
2399999.	Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,077,763,305	152,427,695	252,942,072		2,912,394,535	
2499999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)										
9999999 - Totals						1,077,763,305	152,427,695	252,942,072		2,912,394,535	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates											
0699999. Total - Non-U.S. Affiliates											
0799999. Total - Affiliates											
70335 .....	.94-0971150	01/01/1986	West Coast Life Ins Co	CA	OTH/G	35					
42552	16-1140177	12/01/2008	Nova Casualty Company	NY	OTH/G				40,000		
0899999. U.S. Non-Affiliates						35			40,000		
1099999. Total - Non-Affiliates						35			40,000		
1199999. Total U.S. (Sum of 0399999 and 0899999)						35			40,000		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)											
9999999 - Totals						35			40,000		

ANNUAL STATEMENT FOR THE YEAR 2013 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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates						
0699999. Total Life and Annuity - Non-U.S. Affiliates						
0799999. Total Life and Annuity - Affiliates						
60895 ..35-0145825 ..01/01/1977 ..American United Life Ins Co ..				IN ..		268,750
60895 ..35-0145825 ..01/01/1977 ..American United Life Ins Co ..				IN ..		50,954
68365 ..04-2729166 ..05/01/1999 ..AXA Re Life Insurance Company ..				DE ..	.976,045	
62308 ..06-0303370 ..10/01/1998 ..Connecticut General Life Insurance Co ..				CT ..	1,909,409	
79782 ..86-0262046 ..02/23/1972 ..Electric Cooperative Life Ins Co ..				AZ ..		431
86258 ..13-2572994 ..10/21/2003 ..General Re Life Corporation ..				CT ..	70,540	
88340 ..59-2859797 ..10/01/2004 ..Hanover Life Re ..				FL ..	221,462	
88340 ..59-2859797 ..10/01/2004 ..Hanover Life Re ..				FL ..	90,222	
65676 ..35-0472300 ..04/01/1998 ..Lincoln National Life ..				IN ..	680,591	.46,128
65676 ..35-0472300 ..04/01/1998 ..Lincoln National Life Ins Company ..				IN ..	2,343,406	3,297,995
65676 ..35-0472300 ..03/01/1944 ..Lincoln National Life Insurance Co ..				IN ..	500,000	2,484
66346 ..58-0828824 ..01/01/2010 ..Munich American Reassurance Co ..				GA ..		99,866
66346 ..58-0828824 ..01/01/1998 ..Munich American Reassurance Co ..				GA ..	.735,181	.81,193
93572 ..43-1235868 ..04/01/2004 ..Reinsurance Group of America ..				MO ..	6,261,563	
93572 ..43-1235868 ..04/01/1992 ..Reinsurance Group of America ..				MO ..	2,454,525	1,167,866
93572 ..43-1235868 ..10/01/1980 ..Reinsurance Group of America ..				MO ..	832,533	
64688 ..75-6020048 ..07/01/1986 ..SCOR Global Life Americas Reinsurance Company ..				NY ..		469,000
64688 ..75-6020048 ..09/01/1989 ..SCOR Global Life Americas Reinsurance Company ..				NY ..	1,055,164	
64688 ..75-6020048 ..07/01/1986 ..SCOR Global Life Americas Reinsurance Company ..				IA ..	535	
87572 ..23-2038295 ..10/01/2002 ..Scottish Re ..				NC ..	587,397	
87572 ..23-2038295 ..10/01/2002 ..Scottish Re ..				NC ..	1,588,103	
68713 ..84-0499703 ..01/27/1996 ..Security Life of Denver ..				CO ..	245,136	
68713 ..84-0499703 ..06/01/1997 ..Security Life of Denver Ins Co ..				CO ..	1,062,871	
68713 ..84-0499703 ..01/27/1996 ..Security Life of Denver Ins Co ..				CO ..		376,250
82627 ..06-0839705 ..01/19/2005 ..Swiss Re Life & Health America ..				NY ..	478,552	
82627 ..06-0839705 ..01/19/2005 ..Swiss Re Life and Health America ..				CT ..	118,830	
82627 ..06-0839705 ..01/19/2005 ..Swiss Re Life and Health America ..				CT ..		315,000
62596 ..31-0252460 ..01/01/1986 ..Union Fidelity Life Company ..				IL ..		3,063
0899999. Life and Annuity - U.S. Non-Affiliates					22,212,065	6,438,010
00000 ..AA-3190878 ..07/01/2002 ..Wilton Reinsurance Bermuda Ltd ..				BM ..	244,839	
0999999. Life and Annuity - Non-U.S. Non-Affiliates					244,839	
1099999. Total Life and Annuity - Non-Affiliates					22,456,904	6,438,010
1199999. Total Life and Annuity					22,456,904	6,438,010
1499999. Total Accident and Health - U.S. Affiliates						
1799999. Total Accident and Health - Non-U.S. Affiliates						
1899999. Total Accident and Health - Affiliates						
19801 ..94-1390273 ..07/01/2009 ..Argonaut Insurance Company ..				TX ..		.57,030
70939 ..13-2611847 ..01/01/2007 ..Gerber Life Insurance Company ..				NY ..		15,193,246
71439 ..38-1843471 ..07/01/2003 ..Assurity Life Insurance Company ..				NE ..		124,175
62359 ..36-1824600 ..11/01/2002 ..Constitution Life Insurance Company ..				TX ..		815,741
61883 ..42-0884060 ..10/01/2002 ..Central United Life Insurance Company ..				TX ..		.68,940
66346 ..58-0828824 ..01/01/2010 ..Munich American Reassurance Co ..				GA ..		7,113
20087 ..47-0355979 ..08/01/2013 ..National Indemnity Company ..				NE ..		4,484,725
68381 ..36-0883760 ..01/01/2010 ..Reliance Stand Life Ins Co ..				IL ..		738,028
82627 ..06-0839705 ..09/01/1989 ..Swiss Re Life and Health America Inc ..				NY ..	654,695	
63479 ..58-0869673 ..04/01/1992 ..United Teacher Associates Insurance Co ..				GA ..		.27
1999999. Accident and Health - U.S. Non-Affiliates					654,695	21,489,025
00000 ..AA-1120055 ..03/01/2010 ..Lloyds #3623 ..				ENG ..		210,173
00000 ..AA-1120103 ..04/01/2012 ..Lloyds #1967 ..				ENG ..		126,105
00000 ..AA-1126033 ..01/01/2009 ..Lloyds Syndicate HIS #0033 ..				ENG ..		210,173
00000 ..AA-1126457 ..01/01/2009 ..Lloyds Syndicate WTK #0457 ..				ENG ..		.70,058
00000 ..AA-1126510 ..01/01/2009 ..Lloyds Syndicate KLN #0510 ..				ENG ..		210,173
00000 ..AA-1127183 ..01/01/2009 ..Lloyds Syndicate Number 1183 - Talbot ..				ENG ..		.70,058
00000 ..AA-1127200 ..09/26/2011 ..Lloyds Syndicate Number 1200 ..				ENG ..		.42,035
00000 ..AA-1127206 ..06/01/2006 ..Lloyds Syndicate CAP #1206 ..				ENG ..		.35,029
00000 ..AA-1127861 ..01/01/2013 ..Lloyds Syndicate #1861 ..				ENG ..		.42,035
00000 ..AA-1128001 ..01/01/2009 ..Lloyds Syndicate Number 2001 - AMLIN Underwriting Ltd ..				ENG ..		.98,080
00000 ..AA-1120104 ..12/01/2011 ..Lloyds #2012 ..				ENG ..		.42,033
00000 ..AA-1128488 ..01/01/2009 ..Lloyds Syndicate AGM #2488 ..				ENG ..		.70,058
00000 ..AA-1128897 ..01/01/2009 ..Lloyds Syndicate BRT #2987 ..				ENG ..		.262,716
00000 ..AA-1120075 ..01/01/2009 ..Lloyds Syndicate Number 4020 - ARK ..				ENG ..		.210,173
00000 ..AA-1126004 ..01/01/2009 ..Lloyds Syndicate CNP #4444 ..				ENG ..		.35,029
00000 ..AA-1126006 ..01/01/2009 ..Lloyds Syndicate Number 4472 - Liberty ..				ENG ..		.210,173
00000 ..AA-1126003 ..01/01/2009 ..Lloyds Syndicate TRV #5000 ..				ENG ..		.105,088
00000 ..AA-3194213 ..10/01/2012 ..Roundstone Insurance ..				BER ..		3,728,829
2099999. Accident and Health - Non-U.S. Non-Affiliates						5,778,018
2199999. Total Accident and Health - Non-Affiliates					654,695	27,267,043
2299999. Total Accident and Health					654,695	27,267,043
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					22,866,760	27,927,035
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					244,839	5,778,018
9999999 Totals - Life, Annuity and Accident and Health					23,111,599	33,705,053

ANNUAL STATEMENT FOR THE YEAR 2013 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 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 U.S. Affiliates																						
0699999. Total General Account - Authorized Non-U.S. Affiliates																						
0799999. Total General Account - Authorized Affiliates																						
60488	.25-0598210	10/01/1991	American General Life Ins Co	IL	.ACO/I.		25,741,360	26,875,149	638,650													
60895	.35-0145825	01/01/1977	American United Life Ins Co	IN	.CO/I.	921,215,029	23,533,880	23,280,211	1,890,362													
60895	.35-0145825	01/01/1977	American United Life Ins Co	IN	.YRT/G.			9,735	34,320													
60895	.35-0145825	01/01/1977	American United Life Ins Co	IN	.YRT/I.	166,667		282	.655,852	1,185,973												
61689	.42-0175020	01/01/1992	Aviva Life and Annuity Company	IA	.OTH/I.	78,298,068		23,725,814	24,698,515	1,789,706												
68365	.04-2729166	05/01/1999	AXA Re Life Insurance Compnay	DE	.ACO/I.				5,824,812													
62308	.06-0303370	10/01/1998	Connecticut General Life Insurance Co	CT	.ACO/I.		5,558,958	11,840,482														
68276	.48-1024691	12/31/1995	Employers Reassurance Corp	KS	.CO/I.	111,842,711	13,741,313	14,890,412	928,458													
68276	.48-1024691	04/01/1996	Employers Reassurance Corp	KS	.YRT/I.	3,952,534	29,553	486,993	22,815													
86258	.13-2572994	10/21/2003	General Re Life Corporation	CT	.YRT/I.	1,055,477,917	8,654,813	8,938,540	7,491,685													
97071	.13-3126819	06/01/2012	Generali USA Life Reassurance	MO	.YRT/I.	953,462		143	.68	336												
88340	.59-2859797	06/01/2012	Hannover Life Re	FL	.YRT/G.	2,017,595,336	5,111,284	3,773,039	1,863,765													
88340	.59-2859797	10/01/2004	Hannover Life Re	FL	.YRT/I.	1,178,117,571	3,550,278	2,530,104	1,223,740													
65838	.01-0233346	05/01/1997	John Hancock Life Insurance Co	MI	.OTH/I.		4,504		4,261													
65676	.35-0472300	04/01/1998	Lincoln National Life	IN	.YRT/G.	676,069,510	4,194,274		3,942,260	2,561,570												
65676	.35-0472300	04/01/1998	Lincoln National Life Ins Company	IN	.YRT/I.	6,488,053,847		24,011,336	23,637,297	23,026,442												
65676	.35-0472300	01/01/1982	Lincoln National Life Insurance Co	IN	.ACO/G.		37,048,866	39,368,684	263,297													
65676	.35-0472300	03/01/1944	Lincoln National Life Insurance Co	IN	.MCO/I.	4,223,506			1,353	83,698			2,646,515									
65676	.35-0472300	02/01/1984	Lincoln National Life Insurance Co	IN	.CO/I.	4,851,000	350,889		354,128	25,915												
66346	.58-0828824	01/01/2010	Munich American Reassurance Co	GA	.YRT/G.					2,207,591												
66346	.58-0828824	01/01/1998	Munich American Reassurance Co	GA	.YRT/I.	170,928,980	1,015,397	1,092,902	668,649													
88099	.75-1608507	02/01/1987	Optimum Re Ins Co	TX	.CO/I.	4,946,200	54,842	54,842		18,141												
88099	.75-1608507	01/01/1986	Optimum Re Ins Co	TX	.YRT/I.	1,534,540	26,452		26,452	26,808												
.93572	.43-1235868	04/01/2004	Reinsurance Group of America	MO	.ACO/I.			80,022														
.93572	.43-1235868	10/01/1980	Reinsurance Group of America	MO	.CO/I.	853,411,444	15,349,154	14,715,074	1,612,168													
.93572	.43-1235868	04/01/1992	Reinsurance Group of America	MO	.YRT/I.	5,902,496,740	21,838,745	21,228,413	24,112,393													
.93572	.43-1235868	10/01/1980	Reinsurance Group of America	MO	.YRT/G.	907,882,294	5,096,700	4,986,334	3,687,365													
.64688	.75-6020048	09/01/1981	Scor Global Life Americas Reinsurance Co	DE	.CO/I.	3,553,356,585	77,320,056	73,764,130	6,495,176													
.64688	.75-6020048	09/01/1989	Scor Global Life Americas Reinsurance Co	DE	.YRT/G.	25,080,000	301,570			159,050												
.64688	.75-6020048	04/01/2008	Scor Global Life Americas Reinsurance Co	DE	.YRT/I.	1,296,805,350	9,051,904	9,208,630	4,268,797													
.87572	.23-2038295	10/01/2002	Scottish Re	NC	.ACO/I.		39,696,065	43,199,704		1,698												
.87572	.23-2038295	10/01/2002	Scottish Re	NC	.CO/I.					441												
.87572	.23-2038295	10/01/2002	Scottish Re	NC	.YRT/G.	825,123,813	5,255,374	5,309,607	1,946,618													
.87572	.23-2038295	10/01/2002	Scottish Re	NC	.YRT/I.	1,150,140,777	10,098,302	10,721,229	6,462,492													
.68675	.48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	.ACO/I.		82,111,942	81,817,740		3,065,954												
.68713	.84-0499703	01/27/1996	Security Life of Denver	CO	.YRT/G.	547,673,180	3,498,004	3,230,665	1,950,810													
.68713	.84-0499703	06/01/1997	Security Life of Denver Ins Co	CO	.YRT/I.	2,020,438,629	26,188,754	25,457,154	8,847,744													
.68713	.84-0499703	01/27/1996	Security Life of Denver Ins Co	CO	.CO/I.	1,997,655,033	45,643,074	45,034,444	3,889,577													
.82627	.06-0839705	09/01/1989	Swiss Re Life and Health America Inc	NY	.YRT/G.	2,803,214,951	9,080,823	7,720,678	4,138,493													
.82627	.06-0839705	01/19/2005	Swiss Re Life & Health America	NY	.ACO/G.		3,100,647	7,471,679														
.82627	.06-0839705	01/19/2005	Swiss Re Life and Health America	CT	.YRT/I.	1,952,557,787	6,765,291	5,759,016	2,981,789													
.82627	.06-0839705	01/19/2005	Swiss Re Life and Health America	CT	.CO/I.	1,499,176,500	37,411,689	36,669,040	3,231,644													
.82627	.06-0839705	01/19/2005	Swiss Re Life and Health America	CT	.OTH/G.	85,402,475				84,168												
.82627	.06-0839705	01/01/1991	Swiss Re Life and Health America Inc	NY	.ADB/G.					6												
.82627	.06-0839705	06/15/1953	Swiss Re Life and Health America Inc	NY	.MCO/I.	50,000				702			29,550									
.82627	.06-0839705	08/01/2005	Swiss Re Life and Health America Inc	NY	.ADB/I.					41,600												
.86231	.39-0989781	05/01/1997	Transamerica Life Insurance Co	IA	.OTH/I.		4,504	4,261														
.62596	.31-0252460	01/01/1986	Union Fidelity Life Compay	IL	.OTH/G.	314,000	5,672	6,632	6,871													
.70335	.94-0971150	01/01/1994	West Coast Life Ins Company	CA	.AMCO/I.								26,105,019									
.70335	.94-0971150	01/01/1994	West Coast Life Ins Company	CA	.MCO/I.								39,477,346									
.70335	.94-0971150	01/01/1994	West Coast Life Ins Company	CA	.OTH/I.	6,090,265	49,450	61,715	1,334,931													
0899999. General Account - Authorized U.S. Non-Affiliates						38,145,096,700	574,221,957	588,732,256	124,272,408				68,258,430									
1099999. Total General Account - Authorized Non-Affiliates						38,145,096,700	574,221,957	588,732,256	124,272,408				68,258,430									

ANNUAL STATEMENT FOR THE YEAR 2013 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 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		
1199999.	Total General Account Authorized					38,145,096,700	574,221,957	588,732,256	124,272,408			68,258,430	
1499999.	Total General Account - Unauthorized U.S. Affiliates												
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates												
1899999.	Total General Account - Unauthorized Affiliates												
79782	..86-0262046 ..02/23/1972 ..Electric Cooperative Life Ins Co	AZ	CO/I	451,323		314,971	337,383		8,810				
1999999.	General Account - Unauthorized U.S. Non-Affiliates			451,323		314,971	337,383		8,810				
00000	..AA-3190878 ..07/01/2002 ..Wilton Reinsurance Bermuda Ltd	BM	YRT/I	22,370,565		946,694	974,021		130,195				
2099999.	General Account - Unauthorized Non-U.S. Non-Affiliates			22,370,565		946,694	974,021		130,195				
2199999.	Total General Account - Unauthorized Non-Affiliates			22,821,888		1,261,665	1,311,404		139,004				
2299999.	Total General Account Unauthorized			22,821,888		1,261,665	1,311,404		139,004				
2599999.	Total General Account - Certified U.S. Affiliates												
2899999.	Total General Account - Certified Non-U.S. Affiliates												
2999999.	Total General Account - Certified Affiliates												
3299999.	Total General Account - Certified Non-Affiliates												
3399999.	Total General Account Certified												
3499999.	Total General Account Authorized, Unauthorized and Certified			38,167,918,588		575,483,622	590,043,661		124,411,412			68,258,430	
3799999.	Total Separate Accounts - Authorized U.S. Affiliates												
4099999.	Total Separate Accounts - Authorized Non-U.S. Affiliates												
4199999.	Total Separate Accounts - Authorized Affiliates												
68675	..48-0409770 ..07/01/2000 ..Security Benefits Life Insurance Co	KS	A00/I						7,580,625			430,659,538	
4299999.	Separate Accounts - Authorized U.S. Non-Affiliates								7,580,625			430,659,538	
4499999.	Total Separate Accounts - Authorized Non-Affiliates								7,580,625			430,659,538	
4599999.	Total Separate Accounts Authorized								7,580,625			430,659,538	
4899999.	Total Separate Accounts - Unauthorized U.S. Affiliates												
5199999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates												
5299999.	Total Separate Accounts - Unauthorized Affiliates												
5599999.	Total Separate Accounts - Unauthorized Non-Affiliates												
5699999.	Total Separate Accounts Unauthorized												
5999999.	Total Separate Accounts - Certified U.S. Affiliates												
6299999.	Total Separate Accounts - Certified Non-U.S. Affiliates												
6399999.	Total Separate Accounts - Certified Affiliates												
6699999.	Total Separate Accounts - Certified Non-Affiliates												
6799999.	Total Separate Accounts Certified												
6899999.	Total Separate Accounts Authorized, Unauthorized and Certified								7,580,625			430,659,538	
6999999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)			38,145,548,023		574,536,928	589,069,639		131,861,843			498,917,968	
7099999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)			22,370,565		946,694	974,021		130,195				
9999999.	Totals			38,167,918,588		575,483,622	590,043,661		131,992,037			498,917,968	

ANNUAL STATEMENT FOR THE YEAR 2013 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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
23787	.31-4177100	01/01/1996	Nationwide Mutual Insurance Company	OH	MO/G	202,538,743						72,290,252
0299999. General Account - Authorized U.S. Affiliates - Other						202,538,743						72,290,252
0399999. Total General Account - Authorized U.S. Affiliates						202,538,743						72,290,252
0699999. Total General Account - Authorized Non-U.S. Affiliates												
0799999. Total General Account - Authorized Affiliates						202,538,743						72,290,252
22667	.95-2371728	08/01/2003	ACE American	PA	CO/G	41,877	23,989					
71439	.38-1843471	07/01/2003	Assurity Life Insurance Company	NE	CO/I	1,033,832	138,414	8,710,255				
61883	.42-0884060	10/01/2002	Central United Life Insurance Company	TX	CO/I	229,165	29,894	707,998				
62359	.36-1824600	11/01/2002	Constitution Life Insurance Company	TX	CO/I	10,083,065	1,406,766	3,035,963				
70939	.13-2611847	01/01/2007	Gerber Life Insurance Company	NY	OTH/G	20,969,924						
42374	.74-2195939	09/24/2004	Houston Casualty Company	TX	OTH/G	312,147	177,057					
65676	.35-0472300	02/01/1984	Lincoln National Life Insurance Co	IN	CO/I			350,889				
66346	.58-0828824	01/01/2010	Munich American Reassurance Co	GA	YRT/G	337,954						
20087	.47-0355979	08/01/2013	National Indemnity Company	NE	CO/G			2,908,802				
38636	.13-3031176	04/01/2012	Partner Reinsurance Co of the US	NY	CO/G	139,590	79,962					
68209	.62-0506281	07/01/1991	Provident Life & Casualty Insurance Company	TN	CO/I	825,458		26,634,260				
10219	.23-1641984	01/01/2011	QBE Reinsurance	PA	CO/G	97,713	55,973					
68381	.36-0883760	01/01/2010	Reliance Stand Life Ins Co	IL	YRT/G	1,371,636	2,927,068					
67105	.41-0451140	01/01/2005	Reliastar Life Insurance Company	GA	CO/G	180,537						
82627	.06-0839705	05/01/1987	Swiss Re Life and Health America Inc	NY	CO/G		6,833,051	23,100				
82627	.06-0839705	09/01/1989	Swiss Re Life and Health America Inc	NY	YRT/G			539				
61425	.36-0792925	05/01/1987	Trustmark Insurance Co (Mutual)	IL	CO/I	15,200						
62596	.31-0252460	01/01/2009	Union Fidelity	PA	CO/I	2,933	(62)	.62				
63479	.58-0869673	04/01/1992	United Teacher Associates Insurance Co	GA	CO/I	471		289,108				
0899999. General Account - Authorized U.S. Non-Affiliates						35,641,502	11,672,112	42,660,976				
1099999. Total General Account - Authorized Non-Affiliates						35,641,502	11,672,112	42,660,976				
1199999. Total General Account Authorized						238,180,245	11,672,112	42,660,976				72,290,252
1499999. Total General Account - Unauthorized U.S. Affiliates												
1799999. Total General Account - Unauthorized Non-U.S. Affiliates												
1899999. Total General Account - Unauthorized Affiliates												
00000	..AA-1340125	08/01/2013	Hannover Rucksversicherung AG	GER	OTH/G	282,399	5,054					
00000	..AA-1120103	04/01/2012	Lloyds #1967	ENG	CO/G	335,687	11,305					
00000	..AA-1120104	12/01/2011	Lloyds #2012	ENG	CO/G	111,891	3,768					
00000	..AA-1120055	03/01/2010	Lloyds #3623	ENG	CO/G	882,642	178,717					
00000	..AA-1122000	01/01/2005	Lloyds of London (London Travel Services Binding Authority)	ENG	CO/G	1,624,835						
00000	..AA-1127861	01/01/2013	Lloyds Syndicate #1861	ENG	CO/G	111,896	3,768					
00000	..AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	ENG	CO/G	186,491	6,281					
00000	..AA-1128987	01/01/2009	Lloyds Syndicate BRT #2987	ENG	CO/G	699,341	23,552					
00000	..AA-1127206	06/01/2006	Lloyds Syndicate CAP #1206	ENG	CO/G	93,246	3,140					
00000	..AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	ENG	CO/G	93,246	3,140					
00000	..AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	ENG	CO/G	559,473	18,842					
00000	..AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	ENG	CO/G	559,473	18,842					
00000	..AA-1127183	01/01/2009	Lloyds Syndicate Number 1183 - Talbot	ENG	CO/G	186,491	6,281					
00000	..AA-1127200	09/26/2011	Lloyds Syndicate Number 1200	ENG	CO/G	111,896	3,768					
00000	..AA-1128001	01/01/2009	Lloyds Syndicate Number 2001 - AMLIN Underwriting Ltd	ENG	CO/G	261,086	8,793					
00000	..AA-1120075	01/01/2009	Lloyds Syndicate Number 4020 - ARK	ENG	CO/G	559,473	18,842					
00000	..AA-1126006	01/01/2009	Lloyds Syndicate Number 4472 - Liberty	ENG	CO/G	559,473	18,842					
00000	..AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	ENG	CO/G	279,742	9,421					
00000	..AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	ENG	CO/G	186,491	6,281					
00000	..AA-3194213	10/01/2012	Roundstone Insurance	BER	OTH/G	7,759,747						
2099999. General Account - Unauthorized Non-U.S. Non-Affiliates						15,445,019	348,637					
2199999. Total General Account - Unauthorized Non-Affiliates						15,445,019	348,637					
2299999. Total General Account Unauthorized						15,445,019	348,637					
2599999. Total General Account - Certified U.S. Affiliates												
2899999. Total General Account - Certified Non-U.S. Affiliates												
2999999. Total General Account - Certified Affiliates												

ANNUAL STATEMENT FOR THE YEAR 2013 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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
3299999. Total General Account - Certified Non-Affiliates												
3399999. Total General Account Certified												
3499999. Total General Account Authorized, Unauthorized and Certified						253,625,264	12,020,749	42,660,976				72,290,252
3799999. Total Separate Accounts - Authorized U.S. Affiliates												
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates												
4199999. Total Separate Accounts - Authorized Affiliates												
4499999. Total Separate Accounts - Authorized Non-Affiliates												
4599999. Total Separate Accounts Authorized												
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates												
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates												
5299999. Total Separate Accounts - Unauthorized Affiliates												
5599999. Total Separate Accounts - Unauthorized Non-Affiliates												
5699999. Total Separate Accounts Unauthorized												
5999999. Total Separate Accounts - Certified U.S. Affiliates												
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates												
6399999. Total Separate Accounts - Certified Affiliates												
6699999. Total Separate Accounts - Certified Non-Affiliates												
6799999. Total Separate Accounts Certified												
6899999. Total Separate Accounts Authorized, Unauthorized and Certified												
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						238,180,245	11,672,112	42,660,976				72,290,252
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						15,445,019	348,637					
9999999 - Totals						253,625,264	12,020,749	42,660,976				72,290,252

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 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	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates									XXX					
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates									XXX					
0799999. Total General Account - Life and Annuity Affiliates									XXX					
.79782 .. 86-0262046 .. 02/23/1972 .. Electric Cooperative Life Ins Co	314,971		1,961		316,932					1,791,879				316,932
0899999. General Account - Life and Annuity U.S. Non-Affiliates	314,971		1,961		316,932			XXX		1,791,879				316,932
00000 .. AA-3190878 .. 07/01/2002 .. Wilton Reinsurance Bermuda Ltd	946,694		245,196		1,191,890	900,000								900,000
0999999. General Account - Life and Annuity Non-U.S. Non-Affiliates	946,694		245,196		1,191,890	900,000	XXX							900,000
1099999. Total General Account - Life and Annuity Non-Affiliates	1,261,665		247,157		1,508,822	900,000	XXX			1,791,879				1,216,932
1199999. Total General Account Life and Annuity	1,261,665		247,157		1,508,822	900,000	XXX			1,791,879				1,216,932
1499999. Total General Account - Accident and Health U.S. Affiliates								XXX						
1799999. Total General Account - Accident and Health Non-U.S. Affiliates								XXX						
1899999. Total General Account - Accident and Health Affiliates								XXX						
2199999. Total General Account - Accident and Health Non-Affiliates								XXX						
2299999. Total General Account Accident and Health								XXX						
2399999. Total General Account	1,261,665		247,157		1,508,822	900,000	XXX			1,791,879				1,216,932
2699999. Total Separate Accounts - U.S. Affiliates								XXX						
2999999. Total Separate Accounts - Non-U.S. Affiliates								XXX						
3099999. Total Separate Accounts - Affiliates								XXX						
3399999. Total Separate Accounts - Non-Affiliates								XXX						
3499999. Total Separate Accounts								XXX						
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	314,971		1,961		316,932		XXX			1,791,879				316,932
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	946,694		245,196		1,191,890	900,000	XXX							900,000
9999999 - Totals	1,261,665		247,157		1,508,822	900,000	XXX			1,791,879				1,216,932

(a) Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
..... 1..... 11102501		Wachovia Bank N.A.		900,000

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	385,617	327,474	322,394	393,187	395,829
2. Commissions and reinsurance expense allowances	73,350	63,986	61,665	75,382	80,370
3. Contract claims	296,966	300,828	336,127	390,358	370,294
4. Surrender benefits and withdrawals for life contracts	3,571	3,444	2,977	397	2,403
5. Dividends to policyholders	643	1,621	1,886	3,626	643
6. Reserve adjustments on reinsurance ceded	14,006	(6,291)	(50,449)	8,626	19,392
7. Increase in aggregate reserve for life and accident and health contracts	(7,395)	(7,646)	(10,169)	(38,209)	(129,672)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	29,967	18,624	12,109	9,740	9,679
9. Aggregate reserves for life and accident and health contracts	630,165	635,560	643,207	652,044	695,399
10. Liability for deposit-type contracts	119	132	147	32	44,749
11. Contract claims unpaid	33,705	20,463	22,093	21,594	16,987
12. Amounts recoverable on reinsurance	23,112	22,266	8,728	23,455	16,977
13. Experience rating refunds due or unpaid	16,759	7,992	6,297	18,792	4,584
14. Policyholders' dividends (not included in Line 10)					308
15. Commissions and reinsurance expense allowances due	9,938	26,721	9,184	12,420	357
16. Unauthorized reinsurance offset	292	74	419	240	283
17. Offset for reinsurance with Certified Reinsurers			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)	1,792	1,789	1,786	1,783	1,776
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust			XXX	XXX	XXX
23. Funds deposited by and withheld from (F)			XXX	XXX	XXX
24. Letters of credit (L)			XXX	XXX	XXX
25. Trust agreements (T)			XXX	XXX	XXX
26. Other (O)			XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2013 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)	35,516,152,671		35,516,152,671
2. Reinsurance (Line 16)	39,871,098	(39,871,098)	
3. Premiums and considerations (Line 15)	67,629,913	29,967,225	97,597,138
4. Net credit for ceded reinsurance	XXX	672,280,811	672,280,811
5. All other admitted assets (balance)	1,205,501,180		1,205,501,180
6. Total assets excluding Separate Accounts (Line 26)	36,829,154,862	662,376,938	37,491,531,800
7. Separate Account assets (Line 27)	83,846,426,556		83,846,426,556
8. Total assets (Line 28)	120,675,581,418	662,376,938	121,337,958,356
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	28,819,460,707	628,963,775	29,448,424,482
10. Liability for deposit-type contracts (Line 3)	2,079,169,474		2,079,169,474
11. Claim reserves (Line 4)	79,095,361	33,705,053	112,800,414
12. Policyholder dividends/reserves (Lines 5 through 7)	57,775,572		57,775,572
13. Premium & annuity considerations received in advance (Line 8)	3,764,085		3,764,085
14. Other contract liabilities (Line 9)	87,855,519		87,855,519
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	291,890	(291,890)	
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)	2,151,790,978		2,151,790,978
20. Total liabilities excluding Separate Accounts (Line 26)	33,279,203,586	662,376,938	33,941,580,524
21. Separate Account liabilities (Line 27)	83,846,426,556		83,846,426,556
22. Total liabilities (Line 28)	117,125,630,142	662,376,938	117,788,007,080
23. Capital & surplus (Line 38)	3,549,951,275	XXX	3,549,951,275
24. Total liabilities, capital & surplus (Line 39)	120,675,581,417	662,376,938	121,337,958,356
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	628,963,775		
26. Claim reserves	33,705,053		
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	39,871,098		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	702,539,926		
34. Premiums and considerations	29,967,225		
35. Reinsurance in unauthorized companies	291,890		
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	30,259,115		
41. Total net credit for ceded reinsurance	672,280,811		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	5,892,972	2,729,729				8,622,701
2. Alaska	AK	1,216,953	764,976				1,981,929
3. Arizona	AZ	23,572,956	9,493,939				33,066,895
4. Arkansas	AR	2,064,952	4,535,220				6,600,171
5. California	CA	139,648,466	63,645,308				203,293,774
6. Colorado	CO	7,549,043	7,428,781				14,977,825
7. Connecticut	CT	7,675,240	17,532,255				25,207,496
8. Delaware	DE	160,280,346	5,356,693				165,637,039
9. District of Columbia	DC	779,466	738,057				1,517,523
10. Florida	FL	51,996,849	46,024,869				98,021,718
11. Georgia	GA	37,512,401	8,996,843				46,509,244
12. Hawaii	HI	1,635,046	3,707,355				5,342,401
13. Idaho	ID	2,182,857	186,130				2,368,988
14. Illinois	IL	194,404,038	16,242,385				210,646,424
15. Indiana	IN	8,778,081	9,440,637				18,218,718
16. Iowa	IA	6,806,386	3,089,793				9,896,179
17. Kansas	KS	4,248,974	6,778,374				11,027,348
18. Kentucky	KY	12,938,914	5,915,341				18,854,255
19. Louisiana	LA	3,768,692	2,925,178				6,693,870
20. Maine	ME	1,113,886	1,219,720				2,333,606
21. Maryland	MD	25,629,108	17,333,468				42,962,576
22. Massachusetts	MA	12,017,670	45,002,491				57,020,160
23. Michigan	MI	29,322,449	15,551,330				44,873,779
24. Minnesota	MN	47,391,456	2,941,849				50,333,305
25. Mississippi	MS	3,386,142	.964,107				4,350,250
26. Missouri	MO	14,698,349	8,943,278				23,641,627
27. Montana	MT	384,024	1,290,444				1,674,467
28. Nebraska	NE	953,018	1,051,769				2,004,787
29. Nevada	NV	1,825,756	1,108,177				2,933,933
30. New Hampshire	NH	2,702,152	5,099,616				7,801,767
31. New Jersey	NJ	48,533,973	18,987,657				67,521,631
32. New Mexico	NM	662,902	1,381,471				2,044,372
33. New York	NY	107,761,860	64,629,300				172,391,160
34. North Carolina	NC	79,709,746	16,847,563				96,557,309
35. North Dakota	ND	28,265,886	48,331				28,314,216
36. Ohio	OH	60,277,773	32,584,864			887,490,030	980,352,667
37. Oklahoma	OK	1,441,937	3,588,562				5,030,500
38. Oregon	OR	1,650,606	6,157,561				7,808,167
39. Pennsylvania	PA	76,145,415	54,513,380				130,658,795
40. Rhode Island	RI	3,992,072	3,487,826				7,479,897
41. South Carolina	SC	7,609,079	5,662,301				13,271,380
42. South Dakota	SD	694,644	161,280				855,924
43. Tennessee	TN	6,931,779	10,200,134				17,131,913
44. Texas	TX	43,800,195	24,324,722				68,124,917
45. Utah	UT	11,328,716	4,359,949				15,688,665
46. Vermont	VT	1,678,055	1,047,753				2,725,807
47. Virginia	VA	22,238,125	13,559,841				35,797,966
48. Washington	WA	3,454,816	10,026,947				13,481,763
49. West Virginia	WV	5,553,987	7,054,098				12,608,085
50. Wisconsin	WI	4,648,885	5,582,340				10,231,225
51. Wyoming	WY	1,875,333	136,049				2,011,382
52. American Samoa	AS	58,334					58,334
53. Guam	GU	1,170					1,170
54. Puerto Rico	PR	465,236	673,296				1,138,532
55. U.S. Virgin Islands	VI	123,827					123,827
56. Northern Mariana Islands	MP						
57. Canada	CAN	94,761					94,761
58. Aggregate Other Alien	OT	1,008,384	14,214				1,022,598
59. Total		1,332,384,136	601,067,549			887,490,030	2,820,941,716

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
..0140	Nationwide		31-1486309				10 W. Nationwide, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				101 N. Twentieth St., LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1733036				120 Acre Partners, LLC	.DE	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.95.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		26-2451988	4288132			1492 Capital, LLC	.OH	.NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-1347603				180 E. Broad Partners, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.33.330	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		31-1580283				400 West Nationwide Boulevard, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				425 West Nationwide Boulevard, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				44 Chestnut, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				775 Yard Street Restaurant, LLC	.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				775 Yard Street, LLC	.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				800 Bobcat Avenue, LLC	.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				805 Bobcat Avenue, LLC	.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				845 Yard Street, LLC	.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				850 Goodale Blvd., LLC	.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				895 W. Third Ave., LLC	.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				925 Burrell Avenue Acquisitions, LLC	.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1680808				AD Investments, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.60.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		31-1580283				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	4287229			ALLIED General Agency Company	.IA	.IA	AMCO Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		42-0958655				ALLIED Group, Inc.	.IA	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		10127	27-0114983	4288169		Allied Holdings (Delaware), Inc.	.DE	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						ALLIED Insurance Company of America	.OH	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						ALLIED Property and Casualty Insurance Company							
..0140	Nationwide		45279	42-1201931	4287144		AMCO Insurance Company	.IA	.IA	ALLIED Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						ALLIED Texas Agency, Inc.	.TX	.IA	AMCO Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		19100	42-6054959	4287153		American Marine Underwriters, Inc.	.IA	.IA	ALLIED Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Anderson Meadows, LLC	.OH	.NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Arena District CA I, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Arena District Owners Association	.OH	.OTH	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Arena Theatres, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Artesia at Quarry Village, LLC	.TX	.OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide						BCBS Investment Fund LLC	.DE	.OTH	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Boulevard Inn Limited Liability Company	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.94.800	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						Broad Street Retail, LLC	.DE	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.60.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Brooke School Investment Fund, LLC	.DE	.OTH	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						CHP New Markets Investment Fund, LLC	.OH	.OTH	Nationwide Mutual Insurance Company	Limited partner /no control	.50.000	other non-Nationwide	.1
..0140	Nationwide						CNRI-Cannonsport Condominium, LLC	.OH	.NIA	CNRI-Cannonsport, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						CNRI-Cannonsport, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Co-Investment Fund, L.P.	.DE	.OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide						COLHOC Limited Partnership	.OH	.NIA	NRI Limited Partnership	Ownership	.30.760	Other non-Nationwide	.1
..0140	Nationwide						Colonial County Mutual Insurance Company	.TX	.OTH	Other non-Nationwide	contract		Other non-Nationwide	
..0140	Nationwide						Continental/NRI North Shore Investments, LLC	.OH	.NIA	Continental/NRI North Shore Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Continental/NRI North Shore I, L.P.	.OH	.NIA	Continental/NRI North Shore Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Continental/NRI North Shore II, L.P.	.OH	.NIA	Continental/NRI North Shore Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						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	.1
..0140	Nationwide						Crestbrook Insurance Company	.OH	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
..0140	Nationwide		31-1486309			Crewville, Ltd.		.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	42587	42-1207150	4287162		Depositors Insurance Company		.IA	.IA	ALLIED Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		33-0096671	4287694		DVM Insurance Agency, Inc.		.CA	.NIA	Veterinary Pet Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-1945276			East of Madison, LLC		.DE	.NIA	120 Acre Partners, Ltd.	Ownership	.24.910	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		20-1945276			East of Madison, LLC		.DE	.NIA	ND La Quinta Partners, LLC	Ownership	.76.090	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			Farmland Mutual Insurance Company		.IA	.OTH	Other non-Nationwide	debt		Other non-Nationwide	.2
..0140	Nationwide		22209	75-6013587	4287676	Freedom Specialty Insurance Company (fka Atlantic Insurance Company)		.OH	.IA	Scottsdale Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			20-4939866		Grandview Yard Hotel Holdings, LLC		.OH	.NIA	NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			20-4939866		Grandview Yard Hotel, LLC		.OH	.NIA	Grandview Yard Hotel Holdings, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		51-0241172			Harleysville Group, Inc.		.DE	.NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	23582	41-0417250	4442260		Harleysville Insurance Company		.PA	.IA	Harleysville Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		33235	16-1075588	4442158	Harleysville Insurance Company of New Jersey		.NJ	.IA	Harleysville Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		10674	23-2864924	4442242	Harleysville Insurance Company of New York		.PA	.IA	Harleysville Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		14516	38-3198542	4442251	Harleysville Lake States Insurance Company		.MI	.IA	Harleysville Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		64327	23-1580983	4440659	Harleysville Life Insurance Company		.PA	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		40983	23-2612951	4442149	Harleysville Pennland Insurance Company		.PA	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		35896	23-2384978	4442288	Harleysville Preferred Insurance Company		.PA	.IA	Harleysville Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26182	04-1989660	4442372	Harleysville Worcester Insurance Company		.PA	.IA	Harleysville Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			23-2403000	4442327	Harleysville, Ltd.		.PA	.NIA	Harleysville Preferred Insurance Company	Ownership	.49.500	Nationwide Mutual Insurance Company	
..0140	Nationwide			23-2403000	4442327	Harleysville, Ltd.		.PA	.NIA	Harleysville Worcester Insurance Company	Ownership	.49.500	Nationwide Mutual Insurance Company	
..0140	Nationwide			23-2403000	4442327	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	4288020		Insurance Intermediaries, Inc.		.OH	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			23-2882311		Insurance Management Resources, L.P.		.PA	.NIA	Harleysville Insurance Company	Ownership	.1.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		23-2882311			Insurance Management Resources, L.P.		.PA	.NIA	Harleysville Preferred Insurance Company	Ownership	.99.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309			Jerome Village Company, LLC		.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Jerome Village Master Property Owners Association		.OH	.OTH	Other non-Nationwide	Ownership		Other non-Nationwide	2
..0140	Nationwide			31-1486309		JV Developers, LLC		.OH	.OTH	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Jerome Village Residential Property Owners Association, Inc.		.OH	.NIA	Other non-Nationwide	Ownership		Other non-Nationwide	2
..0140	Nationwide		46-2956640			Leagues Investment Fund LLC		.DE	.OTH	Nationwide Mutual Insurance Company	Other		Nationwide Mutual Insurance Company	2
..0140	Nationwide		56-3789187	4286969		Life REO Holdings, LLC		.OH	.NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		74-1395229			Lone Star General Agency, Inc.		.TX	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Match School Investment Fund, LLC		.DE	.OTH	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		11991	38-0865250	4288187	National Casualty Company		.WI	.IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					National Casualty Company of America, Ltd.		.GBR	.IA	National Casualty Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			42-1154244		Nationwide Advantage Mortgage Company		.IA	.NIA	AMCO Insurance Company	Ownership	.87.300	Nationwide Mutual Insurance Company	
..0140	Nationwide			42-1154244		Nationwide Advantage Mortgage Company		.IA	.NIA	ALLIED Property & Casualty Insurance Company	Ownership	.8.470	Nationwide Mutual Insurance Company	
..0140	Nationwide			42-1154244		Nationwide Advantage Mortgage Company		.IA	.NIA	Depositors Insurance Company	Ownership	.4.230	Nationwide Mutual Insurance Company	

ANNUAL STATEMENT FOR THE YEAR 2013 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	26093	48-0470690	4288196			Nationwide Affinity Insurance Company of America	OH	IA	Nationwide Mutual Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	28223	42-1015537	4288208			Nationwide Agribusiness Insurance Company	IA	IA	Nationwide Mutual Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	20-5976272					Nationwide Alternative Investments, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-1578869	4288075				Nationwide Arena, LLC	OH	NIA	NRI Arena, Ltd.	Ownership.....	.90.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	20-8670712	4288114				Nationwide Asset Management, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	10723	95-0639970	4288217			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	4286875				Nationwide Better Health (Ohio), LLC	OH	NIA	Nationwide Better Health Holding Company, LLC	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	11-3766032	4286428				Nationwide Better Health Holding Company, LLC	OH	NIA	Nationwide Corporation	Ownership.....	.75.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	11-3766032	4286428				Nationwide Better Health Holding Company, LLC	OH	NIA	Nationwide Mutual Fire Insurance Company	Ownership.....	.25.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-1036287	4288123				Nationwide Cash Management Company	OH	NIA	Nationwide Mutual Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-4416546	3828081				Nationwide Corporation	OH	NIA	Nationwide Mutual Insurance Company	Ownership.....	.95.200	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-4416546	3828081				Nationwide Corporation	OH	NIA	Nationwide Corporation	Ownership.....	.4.800	Nationwide Mutual Insurance Company	
..0140	Nationwide	04-3679407	4286839				Nationwide Emerging Managers, LLC	DE	NIA	NWD Investment Management, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	05-0630007	4288048				Nationwide Exclusive Agent Risk Purchasing Group, LLC	OH	NIA	Insurance Intermediaries, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-1667326	4286932				Nationwide Financial Assignment Company	OH	NIA	Nationwide Life Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	23-2412039	4287087				Nationwide Financial General Agency, Inc.	PA	NIA	NFS Distributors, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-1316276	4287069				Nationwide Financial Institution Distributors Agency, Inc.	DE	NIA	NFS Distributors, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-6554353	4286978				Nationwide Financial Services Capital Trust	DE	NIA	Nationwide Financial Services, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-1486870	3828063				Nationwide Financial Services, Inc.	DE	UDP	Nationwide Corporation	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	52-6969857	4286996				Nationwide Fund Advisors	DE	NIA	Nationwide Financial Services, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-1748721	42877050				Nationwide Fund Distributors LLC	DE	NIA	NFS Distributors, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-0900518	4287041				Nationwide Fund Management LLC	DE	NIA	NFS Distributors, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	23760	31-4425763	4287957			Nationwide General Insurance Company	OH	IA	Nationwide Mutual Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-1570938	4286398				Nationwide Global Holdings, Inc.	OH	NIA	Nationwide Corporation	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	04-3732385	4286857				Nationwide Global Ventures, Inc.	DE	NIA	Nationwide Asset Management Holdings, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-1399201					Nationwide Indemnity Company	OH	IA	Nationwide Mutual Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	25453	95-2130882	4287180			Nationwide Insurance Company of America	WI	IA	ALLIED Group, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	10948	31-1613686	4287966			Nationwide Insurance Company of Florida	OH	IA	Nationwide Mutual Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	31-6022301					Nationwide Insurance Foundation	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide	41-2206199	4286950				Nationwide Investment Advisors, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	73-0988442	4286923				Nationwide Investment Services Corporation	OK	NIA	Nationwide Life Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	92657	31-1000740				Nationwide Life and Annuity Insurance Company	OH	IA	Nationwide Life Insurance Company	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	66869	31-4156830				Nationwide Life Insurance Company	OH	RE	Nationwide Financial Services, Inc.	Ownership.....	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	13-4212969					Nationwide Life Tax Credit Partners 2002-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide	01-0749754					Nationwide Life Tax Credit Partners 2002-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide	03-0498148	3262573				Nationwide Life Tax Credit Partners 2002-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2

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

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..0140	Nationwide		54-2113175			Nationwide Life Tax Credit Partners 2003-A, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		58-2672725			Nationwide Life Tax Credit Partners 2003-B, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-0357951	3811001		Nationwide Life Tax Credit Partners 2003-C, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-0382144			Nationwide Life Tax Credit Partners 2004-A, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-0745944			Nationwide Life Tax Credit Partners 2004-B, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-0745965			Nationwide Life Tax Credit Partners 2004-C, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-1128408			Nationwide Life Tax Credit Partners 2004-D, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-1128472			Nationwide Life Tax Credit Partners 2004-E, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-1918935	3318117		Nationwide Life Tax Credit Partners 2004-F, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-2303694			Nationwide Life Tax Credit Partners 2005-A, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-2303602			Nationwide Life Tax Credit Partners 2005-B, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-2450960			Nationwide Life Tax Credit Partners 2005-C, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-2451052			Nationwide Life Tax Credit Partners 2005-D, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		20-2774223			Nationwide Life Tax Credit Partners 2005-E, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		21-1288836			Nationwide Life Tax Credit Partners 2007-A, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		26-3427373			Nationwide Life Tax Credit Partners 2009-A, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		26-3427435			Nationwide Life Tax Credit Partners 2009-B, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		26-3427479			Nationwide Life Tax Credit Partners 2009-C, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		26-3427525			Nationwide Life Tax Credit Partners 2009-D, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		26-4737055			Nationwide Life Tax Credit Partners 2009-E, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		26-4737157			Nationwide Life Tax Credit Partners 2009-F, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		46-1952215			Nationwide Life Tax Credit Partners 2013-A, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		46-1971926			Nationwide Life Tax Credit Partners 2013-B, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		27-1362364			Nationwide Life Tax Credit Partners 2009-I, LLC		OH	NIA	Nationwide Life Insurance Company	Other.....		Nationwide Mutual Insurance Company	2
..0140	Nationwide		42110	75-1780981	3779811	Nationwide Lloyds	TX	IA	n/a	Nationwide Life Insurance Company	Other contract		Nationwide Mutual Insurance Company	2
..0140	Nationwide												Nationwide Mutual Insurance Company	2

52.3

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic-ship Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
..0140	Nationwide					Nationwide Mutual Capital I, LLC	DE	NIA		Nationwide Mutual Capital, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		75-3191025			Nationwide Mutual Capital, LLC	OH	NIA		Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	23779	82-0549218	3828090		Nationwide Mutual Fire Insurance Company	OH	OTH		Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide	23787	31-4177100	3828072		Nationwide Mutual Insurance Company	OH	UIP		Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		34-2012765	4288084		Nationwide Private Equity Fund, LLC	OH	NIA		Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		37877	31-0970750	4287993	Nationwide Property and Casualty Insurance Company	OH	IA		Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			31-1486309	4288105	Nationwide Realty Investors, Ltd.	OH	NIA		Nationwide Mutual Insurance Company	Ownership	.96.700	Nationwide Mutual Insurance Company	
..0140	Nationwide			31-1486309	4288105	Nationwide Realty Investors, Ltd.	OH	NIA		Nationwide Indemnity Company	Ownership	.3.300	Nationwide Mutual Insurance Company	
..0140	Nationwide			31-1486309	4288066	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	4287117		Nationwide Retirement Solutions Insurance Agency, Inc.	MA	IA		Nationwide Retirement Solutions, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		73-0948330	4287096		Nationwide Retirement Solutions, Inc.	DE	NIA		NFS Distributors, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		86-0924069	4287108		Nationwide Retirement Solutions, Inc. of Arizona	AZ	NIA		Nationwide Retirement Solutions, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1331479	4287126		Nationwide Retirement Solutions, Inc. of Ohio	OH	NIA		Nationwide Retirement Solutions, Inc.	contract		Nationwide Mutual Insurance Company	
..0140	Nationwide		74-2200854	4287135		Nationwide Retirement Solutions, Inc. of Texas	TX	NIA		Nationwide Retirement Solutions, Inc.	contract		Nationwide Mutual Insurance Company	
..0140	Nationwide		42-1373380	4287210		Nationwide Sales Solutions, Inc.	IA	NIA		ALLIED Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		36-2434406	4287078		Nationwide Securities, LLC	OH	NIA		NFS Distributors, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-4177100	4288093		Nationwide Services Company, LLC	OH	NIA		Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		27-0743545			Nationwide Tax Credit Partners 2009-G, LLC	OH	NIA		Nationwide Mutual Insurance Company	Other		Nationwide Mutual Insurance Company	2
..0140	Nationwide		27-0768791			Nationwide Tax Credit Partners 2009-H, LLC	OH	NIA		Nationwide Mutual Insurance Company	Other		Nationwide Mutual Insurance Company	2
..0140	Nationwide		27-1362364			Nationwide Tax Credit Partners 2009-I, LLC	OH	NIA		Nationwide Life Insurance Company	Other		Other non-Nationwide	2
..0140	Nationwide		46-1952215			Nationwide Tax Credit Partners 2013-A, LLC	OH	NIA		Nationwide Life Insurance Company	Other		Other non-Nationwide	2
..0140	Nationwide		11-3651828			ND La Quinta Partners, LLC	DE	NIA		Nationwide Realty Investors, Ltd.	Ownership	.95.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide			4286866		Newhouse Capital Partners II, LLC	DE	NIA		Nationwide Global Ventures, Inc.	Ownership	.80.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			4286866		Newhouse Capital Partners II, LLC	DE	NIA		Nationwide Global Ventures, Inc.	Ownership	.99.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			4286679		Newhouse Capital Partners, LLC	DE	NIA		NWD Investment Management, Inc.	Ownership	.19.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			4286679		Newhouse Capital Partners, LLC	DE	NIA		Nationwide Mutual Insurance Company	Ownership	.70.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Newhouse Capital Partners, LLC	DE	NIA		Nationwide Mutual Fire Insurance Company	Ownership			
..0140	Nationwide		31-1630871	4287032		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	
..0140	Nationwide		14-1892640			NHT XII Tax Credit Fund, LLC	DC	NIA		Nationwide Assurance Company	Ownership	.25.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		14-1892640			NHT XII Tax Credit Fund, LLC	DC	NIA		Nationwide Mutual Insurance Company	Ownership	.25.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					NNOV8, LLC	OH	NIA		Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-0351004			North Bank Condominium Home Owners Association	OH	OTH		Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide		20-4939866			North of Third, LLC	OH	NIA		NRI Equity Land Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-4083207			Northstar Commercial Development, LLC	OH	NIA		Nationwide Realty Investors, Ltd.	Ownership	.50.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-4083354			Northstar Residential Development, LLC	OH	NIA		Nationwide Realty Investors, Ltd.	Ownership	.50.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309			NRI 12325 Copper Way, LLC	OH	NIA		Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309			NRI 220 Schrock, LLC	OH	NIA		Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309			NRI Arena, LLC	OH	NIA		Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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..0140	Nationwide		31-1486309				NRI Brookside, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				NRI Builders, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				NRI Communities/Charlotte, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				NRI Communities/Harris Blvd., LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				NRI Cramer Creek, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				NRI Equity Land Investments, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.80.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-0212217				NRI Equity Tampa, LLC	.OH	.OTH	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				NRI Maxtown, LLC	.OH	.OTH	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		30-4939866				NRI Office Ventures, Ltd.	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				NRI-Rivulon, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				NRI Telecom, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
										Nationwide Property and Casualty Company				
..0140	Nationwide		45-3123274				NTCIF-2011 Georgia State Investor, LLC	.OH	.NIA		Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		90-0729552				NTCIF-2011, LLC	.OH	.NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		27-4700627				NTCP 2011-A, LLC	.OH	.NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-0747898				NTCP 2011-B, LLC	.OH	.NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-0741029	4464703			NTCP 2012-A, LLC	.OH	.NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3309896				NTCP 2013-C, LLC	.OH	.NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-4104813				NTCP 2013-D, LLC	.OH	.NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-4111078				NTCP 2014-A, LLC	.OH	.NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3654078				NW-Amesbury, LLC	.OH	.NIA	NE-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		36-4702264				NW-Arvada, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2943666				NW-Bandera, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5159092				NW-Bayshore, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2451156				NW-Bee Cave, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-0999932				NW-Bencap, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3707480				NW-Brooklyn, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3968244				NW-Camelback, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-2724980				NW-Cameron, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3674167				NW-Cedar Springs, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3994437				NW-Central Station, LLC	.OH	.NIA	NE-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-0901660				NW-CNC Coppell, LLC	.DE	.NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		27-2764819				NW-Commerce Center, LLC	.DE	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		32-0359208				NW-Corvallis, LLC	.OH	.NIA	NW-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 205 Vine, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 225 Nationwide, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 230 West, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 240 Nationwide, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 250 Brodbelt, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 265 Neil, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 275 Marconi, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 295 McConnell, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 300 Neil, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 300 Spring, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 355 McConnell, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 425 Nationwide, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD 500 Nationwide, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD Arena Crossing, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD Arena District I, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD Arena District II, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD Arena District MM, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283											

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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..0140	Nationwide		31-1580283				NWD Arena District PW, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD Arena District V, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		04-3679396	4286848			NWD Asset Management Holdings, Inc.	.DE	.NIA	NWD Investment Management, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD Athletic Club, LLC	.OH	.NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1636299	4286594			NWD Investment Management, Inc.	.DE	.NIA	Nationwide Corporation	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD Investments, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.80.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		90-0732898				NW-Dulles, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3267884				NW-Franklin Mills, LLC	.OH	.NIA	Life Reo Holdings, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-2647960				NW-Grapevine, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2997049				NW-Howell Mill, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-4330384				NW-Hudnall, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5408178				NW-Kentwood Towne Center, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5314607				NW-Lovers Lane, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2457568				NW-Montrose, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-4630497				NW-Mueller II, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		27-4749848				NW-Northridge, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-1089165				NW-Oakley Station, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3888719				NW-Park 288, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5388656				NW-Park Memorial, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		27-4749937				NW-Park Village, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2469044				NW-Portales, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-1903919				NW-RE1, LLC	.DE	.NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5159117				NW-South Park, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		35-2427470				NW-Southline, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		27-4749587				NW-Taylor Farmer Jack, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-1100378				NW-Triangle, LLC	.OH	.NIA	NW-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-1077615				NW-West Ave., LLC	.OH	.NIA	NW-RE1, 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				Ohio Center Hotel Company, Ltd.	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.56.250	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-0263012				Old Track Street Owners Association	.OH	.OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide		13999	27-1712056	4286914		Olentangy Reinsurance, LLC	.VT	.IA	Nationwide Life and Annuity Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						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	2
..0140	Nationwide			31-1486309			Perimeter A, Ltd.	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			31-1677602			Pizzuti Properties, LLC	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.65.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			31-1486309			Polaris A, Ltd.	.OH	.NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			39-1907217	4287201		Premier Agency, Inc.	.IA	.NIA	ALLIED Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
							Privilege Underwriters Reciprocal Exchange							
.4664	Pure		12873	20-8287105				.FL	.IA	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Pure						Privilege Underwriters, Inc.	.FL	.IA	Other non-Nationwide	n/a		Other non-Nationwide	2
.4664	Pure		13204	26-3109178	4288226		Pure Insurance Company	.FL	.IA	Other non-Nationwide	n/a		Other non-Nationwide	2
.4664	Pure						Pure Risk Management, LLC	.FL	.IA	Other non-Nationwide	n/a		Other non-Nationwide	2
							Registered Investment Advisors Services, Inc.	.TX	.NIA	Nationwide Financial Services, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
							Retention Alternatives, Ltd.	.BMU	.IA	Nationwide Mutual Fire Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Riverview Diversified Opportunities Fund, LLC	.DE	.OTH	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Riverview Diversified Opportunities Fund, LLC	.DE	.OTH	Nationwide Mutual Fire Insurance Company	Ownership		Nationwide Mutual Insurance Company	1
..0140	Nationwide									Nationwide Mutual Fire Insurance Company	Ownership		Nationwide Mutual Insurance Company	1

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..0140	Nationwide					Riverview Diversified Opportunities Fund, LLC		DE	OTH	Nationwide Life Insurance Company	Ownership		Nationwide Mutual Insurance Company	.1
..0140	Nationwide		22-3655264	4286530		Riverview International Group, Inc.		DE	NIA	NWD Investment Management, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Riverview Multi Series Fund, LL - Class Event		DE	OTH	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Riverview Multi Series Fund, LL - Class N		DE	OTH	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Riverview Polyphony Fund, LLC		DE	OTH	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide	15580	31-1117969	4288002		Scottsdale Indemnity Company		OH	IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		41297	31-1024978		Scottsdale Insurance Company		OH	IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Scottsdale Surplus Lines Insurance Company		AZ	IA	Scottsdale Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		10672	86-0835870	4287649	Streets of Toringdon, LLC		OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			31-1486309		The Hideaway Club		CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide		91-2158214			The Hideaway Owners Association		CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide			86-1094799		The Madison Club		CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide			20-3541511		The Madison Club Owners Association		CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide			20-3541507		The Waterfront Partners, LLC		OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.50.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide			31-1610040		THI Holdings (Delaware), Inc.		DE	NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			52-2031677		Titan Auto Insurance of New Mexico, Inc.		NM	IA	Whitehall Holdings, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			74-2825853	4287863	Titan Indemnity Company		TX	IA	THI Holdings (Delaware), Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		13242	74-2286759	4287797	Titan Insurance Company		MI	IA	Titan Indemnity Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			36269	86-0619597	Titan Insurance Services, Inc.		TX	NIA	Whitehall Holdings, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide				42285	V.P.I. Services, Inc.		CA	NIA	Veterinary Pet Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Veterinary Pet Insurance Company		CA	IA	Scottsdale Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Victoria Automobile Insurance Company		OH	IA	Victoria Fire & Casualty Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			10644	34-1785903	4287911		OH	IA	THI Holdings (Delaware), Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide				42889	Victoria Fire & Casualty Company		OH	IA	Victoria Fire & Casualty Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Victoria National Insurance Company		OH	IA	Victoria Fire & Casualty Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Victoria Select Insurance Company		OH	IA	Victoria Fire & Casualty Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Victoria Specialty Insurance Company		OH	IA	Victoria Fire & Casualty Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					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 Defined Benefit Master Trust	Investor member / no control	.71.000	other non-Nationwide	2
..0140	Nationwide					Whitehall Holdings, Inc.		TX	NIA	THI Holdings (Delaware), Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					WI of Florida, Inc.		FL	NIA	Whitehall Holdings, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Wilson Road Developers, LLC		OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide					Zais Zephyr A-4, LLC		DE	OTH	Nationwide Life Insurance Company	limited member / no control	.60.000	other non-Nationwide	2

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
26-2451988 00000	1492 Capital, LLC 42-0958655	1492 Capital, LLC Allied Group, Inc.	(980,193) 67,000,000	23,583,996 (37,000,000)							22,603,803 30,000,000	
10127	27-0114983	Allied Holding (Delaware) Inc.		(103,247,901)					*		(103,247,901)	
42579	42-1201931	Allied Insurance Company Of America		2,000,000					*		2,000,000	
19100	42-6054959	Allied Prop & Cas Ins Co							*			945,609,309
	Amco Insurance Company		(72,500,000)					(301,150,768)	*		(373,650,768)	1,559,649,420
	BCCS Investment Fund LLC			514,480							514,480	
29262	74-1061659	Colonial County Mutual Insurance Co										192,190,291
18961	68-0066866	Crestbrook Insurance Company	(10,000,000)	400,000					*		(9,600,000)	3,561,831
42587	42-1207150	Depositors Insurance Company							*			635,331,478
	ELH Investment LLC			653,750							653,750	
13838	42-0618271	Farmland Mutual Insurance Company							*			(2,401,322)
22209	75-6013587	Freedom Specialty Insurance Company										103,145,408
23582	41-0417250	Harleysville Insurance Company	(2,500,000)						*		(2,500,000)	246,482,041
10674	23-2864924	Harleysville Insurance Company Of New York							*			
			(2,500,000)								(2,500,000)	331,292,132
00000	51-0241172	Harleysville Group Inc.	59,011,757	103,247,901							162,259,658	
42900	23-2253669	Harleysville Insurance Company Of New Jersey		(14,000,000)					*		(14,000,000)	294,437,636
14516	38-3198542	Harleysville Lake States Insurance Company		(5,500,000)					*		(5,500,000)	189,176,653
00000	23-2403000	Harleysville Limited		(1,175,667)					*		(1,175,667)	
40983	23-2612951	Harleysville Pennland Insurance Company		(15,374,634)	(381,001,741)				*		(396,376,375)	
35696	23-2384978	Harleysville Preferred Insurance Company		(14,918,045)					*		(14,918,045)	447,153,716
00000	51-0259283	Harleysville Services Inc.		(575,427)							(575,427)	
26182	04-1989660	Harleysville Worcester Insurance Company		(18,418,045)					*		(18,418,045)	546,451,763
	31-0871532	Insurance Intermediaries Inc		(10,000,000)							(10,000,000)	
	Leaguers Investment Fund LLC			932,400							932,400	
	Match School Investment Fund, LLC			750							750	
20-5976272	Nationwide Alternative Investments, LLC		(52,760,044)	8,805,378							(43,954,666)	
11991	38-0865250	National Casualty Company										1,164,012,822
26093	48-0470690	Nationwide Affinity Insurance Company Of America							*			747,169,189
28223	42-1015537	Nationwide Agribusiness Insurance Company							*			876,266,904
10723	95-0639970	Nationwide Assurance Company										25,002,237
00000	11-3766032	Nationwide Better Health, Inc		(14,000,000)							(14,000,000)	
00000	31-4416546	Nationwide Corporation		(64,294,948)							(64,294,948)	
23760	31-4425763	Nationwide General Insurance Company							*			378,356,885
10070	31-1399201	Nationwide Indemnity Company		(70,000,000)							(70,000,000)	(460,143,592)
25453	95-2130882	Nationwide Insurance Company Of America									(169,177,223)	882,998,408
10948	31-1613686	Nationwide Insurance Company Of Florida										266,183
.92657	31-1000740	Nationwide Life And Annuity Insurance Company		4,000,000	150,000,000						154,000,000	1,275,867,363

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.66869	31-4156830	Nationwide Life Insurance Company	5,375	(150,000,000)							(149,994,625)	(149,805,935)
26-3427373		Nationwide Life Tax Credit Partners 2009-A, LLC		1,000							1,000	
46-1971926		Nationwide Life Tax Credit Partners 2013-B, LLC		1,000							1,000	
.42110	75-1780981	Nationwide Lloyds										.47,058,583
		Nationwide Mutual Capital, LLC	(12,646)	225,900							213,254	
23779	31-4177110	Nationwide Mutual Fire Ins Company	5,338,238						*		5,338,238	(467,204,846)
23787	31-4177100	Nationwide Mutual Ins Company	624,604,811	171,971,724				807,410,051	*		1,603,986,586	(12,538,953,804)
	34-2012765	Nationwide Private Equity Fund, LLC	(303,764,246)	27,709,358							(276,054,888)	
.37877	31-0970750	Nationwide Property And Casualty Ins Company						(337,082,060)	*		(337,082,060)	1,334,683,028
.00000	31-1486309	Nationwide Realty Investors, Ltd		20,111,172							20,111,172	
42-1373380		Nationwide Sales Solutions Inc		37,000,000							37,000,000	
	31-4177100	Nationwide Services Co, LLC	(15,646,624)								(15,646,624)	
	46-1952215	Nationwide Tax Credit Partners 2013-A, LLC									1,000	
	14-1892640	Nht Xii Tax Credit Fund, LLC		1,000							5,375	
		NNOV8 LLC		5,375							15,000,000	
	46-3309896	NTCP 2013-C, LLC		15,000,000							1,000	
	26-1903919	NW-Rei, LLC	(39,615,632)	1,000							34,543,253	
.13999	27-1712056	Olentangy Reinsurance,LLC	74,158,885								(4,000,000)	(1,126,061,428)
		Oys Fund, LLC	(4,000,000)								35,500,000	
		Riverview Diversified Opportunities Fund, LLC		35,500,000							(287,329)	
		Riverview Multi Series Fund, LI - Class Event	(287,329)									
			(206,753)								(206,753)	
.15580	31-1117969	Scottsdale Indemnity Company										389,401,228
.41297	31-1024978	Scottsdale Insurance Company							*			1,267,120,553
.10672	86-0835870	Scottsdale Surplus Lines Insurance Company										.16,437,159
.00000	52-2031677	THI Holdings Inc	(27,500,000)	23,500,000							(4,000,000)	
.13242	74-2286759	Titan Indemnity Insurance Company		(17,500,000)							(17,500,000)	159,693,636
.36269	86-0619597	Titan Insurance Company										32,860,866
.10778	34-1842604	Victoria National Insurance Company							*			.9,039
.10644	34-1785903	Victoria Auto Insurance Company							*			.36,090,392
.42889	34-1394913	Victoria Fire & Casualty Insurance Company		(6,000,000)					*		(6,000,000)	187,192,045
.10108	34-1777972	Victoria Select Insurance Company							*			.70,344,331
.10777	34-1842602	Victoria Specialty Insurance Company							*			.41,444,764
.42285	95-3750113	Veterinary Pet Ins Co		(3,500,000)							(3,500,000)	
	33-0160222	V.P.I Services, Inc.		3,500,000							3,500,000	
.37150	86-0561941	Western Heritage Insurance Company										.317,813,634

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		Zais Zephyr A-4, LLC		(5,375)					*		(5,375)	
9999999 Control Totals									XXX			

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Responses

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? YES

2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? YES

3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? YES

4. Will an actuarial opinion be filed by March 1? YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1? YES

6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? YES

7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? YES

8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? YES

JUNE FILING

9. Will an audited financial report be filed by June 1? YES

10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? YES

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? YES

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

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO

13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? YES

14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO

15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? YES

16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? YES

17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? YES

18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? YES

19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? YES

20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? NO

21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? YES

22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? NO

23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? NO

24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? YES

25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? YES

26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? YES

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING

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

AUGUST FILING

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

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

Bar Codes:

- 12. SIS Stockholder Information Supplement [Document Identifier 420]

- 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]



6 6 8 6 9 2 0 1 3 2 2 6 0 0 0 0 0 0

42. Credit Insurance Experience Exhibit [Document Identifier 230]



6 6 8 6 9 2 0 1 3 2 3 0 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2013 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	76,019,871	73,153,755	2,866,116	2,372,162
2597. Summary of remaining write-ins for Line 25 from overflow page	76,019,871	73,153,755	2,866,116	2,372,162

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Reserve for litigation and contingencies	36,673,440	22,213,113
2505. Reserve for rate stabilizations	21,556,630	24,120,467
2597. Summary of remaining write-ins for Line 25 from overflow page	58,230,070	46,333,580



**SUPPLEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(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 2010				Policies Issued in 2011; 2012; 2013			
										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	03/01/1995	05/11/2001	Medicare Supplement	4,993	659	13.2	.1				
YES	2121AL	A.	NO	0034000	06/08/1992	11/06/2002	05/11/2001	12/01/2002	Medicare Supplement								
YES	2122AL	B.	NO	0034000	06/08/1992	11/06/2002	05/11/2001	12/01/2002	Medicare Supplement	6,211	905	14.6	2				
YES	2123AL	F.	NO	0034000	06/08/1992	11/06/2002	05/11/2001	12/01/2002	Medicare Supplement	43,967	21,245	48.3	10				
YES	2129-1	C.	NO	0034000	08/03/1999	11/06/2002	05/11/2001	12/01/2002	Medicare Supplement	4,007	806	20.1	.1				
0199999. Total Experience on Individual Policies										59,179	23,615	39.9	14				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
.....YES.....	1522	P	No	0034000	08/31/1982	04/30/2001	12/01/1989	Medicare Supplement	3,968	2,007	50.6	.1					
0199999. Total Experience on Individual Policies										3,968	2,007	50.6	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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Connecticut.....
NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
YES	2121CT94	A.	NO.	0034060	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	70,542	48,096	68.2	41				
YES	2122CT94	B.	NO.	0034060	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	124,504	73,066	58.7	38				
YES	2123CT94	F.	NO.	0034000	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	255,189	111,303	43.6	55				
0199999. Total Experience on Individual Policies										450,235	232,465	51.6	134				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(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 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
.....YES.....	1522	P	No	0034000	09/13/1982	05/16/2001	01/01/1991	Medicare Supplement	7,306	10,267	140.5	2					
0199999. Total Experience on Individual Policies										7,306	10,267	140.5	2				

GENERAL INTERROGATORIES

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



**SUPPLEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA		Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	1524	P.	NO.	0034000	..12/16/1982	..05/10/2001	..12/01/1991	..Medicare Supplement	..	137,992	204,059	147.9	.74				
YES	2121FL	A.	NO.	0034000	..03/12/1992	..12/03/2002	..05/10/2001	..12/01/2002	..Medicare Supplement	..	16,176	12,714	78.6	11			
YES	2122FL	B.	NO.	0034000	..03/12/1992	..12/03/2002	..05/10/2001	..12/01/2002	..Medicare Supplement	..	157,142	171,820	109.3	.76			
YES	2123FL	F.	NO.	0034000	..03/12/1992	..12/03/2002	..05/10/2001	..12/01/2002	..Medicare Supplement	..	1,007,330	777,941	77.2	388			
0199999. Total Experience on Individual Policies										1,318,639	1,166,534	88.5	549				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus, OH 43215-2220

Person Completing This Exhibit _____

Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
YES	1522	P.	NO	0034000	11/17/1982		05/31/2001	07/01/1989	Medicare Supplement	7,832	1,590	20.3	3				
YES	1924	P.	NO	0034000	09/19/1989		05/31/2001	07/01/1992	Medicare Supplement	27,692	19,907	71.9	10				
YES	2121GA	A.	NO	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	1,598	261	16.4	1				
YES	2122GA	B.	NO	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	8,892	10,034	112.9	3				
YES	2123GA	F.	NO	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	310,622	156,909	50.5	90				
0199999. Total Experience on Individual Policies										356,635	188,702	52.9	107				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2013
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011; 2012; 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES.....	1522	P.....	NO.....	0034000	11/20/1982	06/26/2001	12/01/1989	Medicare Supplement		(271)							
0199999. Total Experience on Individual Policies																	
.....

GENERAL INTERROGATORIES

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



**SUPPLEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus, OH 43215-2220

Person Completing This Exhibit

Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	1522	P.	NO.	0034000	09/21/1982	05/21/2001	12/01/1991	Medicare Supplement	33,743	10,427	.30.9	9					
YES	2121IN	A.	NO.	0034000	01/09/1995	11/04/2002	05/21/2001	12/01/2002	Medicare Supplement	2,815	333	.11.8	2				
YES	2122IN	B.	NO.	0034000	01/09/1995	11/04/2002	05/21/2001	12/01/2002	Medicare Supplement	5,819	4,241	.72.9	2				
YES	2123IN	F.	NO.	0034000	01/09/1995	11/04/2002	05/21/2001	12/01/2002	Medicare Supplement	15,345	10,627	.69.3	3				
0199999. Total Experience on Individual Policies										57,723	25,628	44.4	16				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(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 2010				Policies Issued in 2011; 2012; 2013			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1522	P.	NO	0034000	09/27/1982	05/14/2001	12/01/1991	Medicare Supplement	21,750	21,726	.99.9	6					
YES	2121KY	A.	NO	0034060	06/28/1994	11/04/2002	05/14/2001	Medicare Supplement	1,962	156	.7.9	1					
YES	2122KY	B.	NO	0034060	06/28/1994	11/04/2002	05/14/2001	Medicare Supplement	9,972	2,930	.29.4	4					
YES	2123KY	F.	NO	0034060	06/28/1994	11/04/2002	05/14/2001	Medicare Supplement	47,178	26,387	.55.9	13					
YES	2129-1	C.	NO	0034060	09/27/1999	11/04/2002	05/14/2001	Medicare Supplement	80,862	51,199	.63.3	24					
0199999. Total Experience on Individual Policies																	

GENERAL INTERROGATORIES

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



**SUPPLEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Maryland.....
NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
YES	2121MD	A.	NO.	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	10,351	5,268	.50.9	6				
YES	2122MD	B.	NO.	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	60,738	37,779	.62.2	.31				
YES	2123MD	F.	NO.	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	920,648	535,881	.58.2	242				
0199999. Total Experience on Individual Policies										991,737	578,927	58.4	279				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(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 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	15	16	17	Number of Covered Lives
YES.....	MS-1 0990	0	NO.....	0000007					12/31/1993 Medicare Supplement	20,888	19,336	92.6	7				
0199999. Total Experience on Individual Policies										20,888	19,336	92.6	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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Mississippi.....

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives
YES	1522	P.	NO.	0034000	.08/24/1982		.04/27/2001	.06/01/1992	Medicare Supplement	31,396	5,142	.16.4	7				
YES	2122	B.	NO.	0034000	.06/22/1992	.11/18/2002	.04/27/2001	.12/01/2002	Medicare Supplement	3,248	15,542	.478.4	1				
YES	2123	F.	NO.	0034000	.06/22/1992	.11/18/2002	.04/27/2001	.12/01/2002	Medicare Supplement	89,369	36,352	.40.7	18				
0199999. Total Experience on Individual Policies										124,014	57,036	46.0	26				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013				
										11	Incurred Claims		14	15	Incurred Claims		18	
Compliance with OBRA		Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives		16	17	Number of Covered Lives	
YES	1522	P.	NO	0034000	09/13/1982	04/24/2001	12/01/1991	Medicare Supplement	162,694	117,642	.72.3	.54						
YES	2121NC	A.	NO	0034000	06/16/1992	11/05/2002	04/24/2001	Medicare Supplement	28,624	16,197	.56.6	.12						
YES	2122NC	B.	NO	0034000	06/16/1992	11/05/2002	04/24/2001	Medicare Supplement	34,923	17,078	.48.9	.11						
YES	2123NC	F.	NO	0034000	06/16/1992	11/05/2002	04/24/2001	Medicare Supplement	690,369	621,437	.90.0	.244						
YES	2124NC	J.	NO	0034000	06/16/1992	11/05/2002	04/24/2001	Medicare Supplement	40,205	11,814	.29.4	.7						
YES	2129NC	C.	NO	0034060	07/05/2000	11/05/2002	04/24/2001	Medicare Supplement	14,154	5,666	.40.0	.3						
0199999. Total Experience on Individual Policies										970,969	789,834	81.3	331					

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	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	Amount	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	07/15/1982		05/15/2001	04/01/1992	Medicare Supplement	251,822	115,319	.45.8	68				
YES	2121	A.	NO	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	20,774	7,778	.37.4	11				
YES	2122	B.	NO	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	200,924	159,077	.79.2	85				
YES	2123	F.	NO	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	1,546,644	1,000,291	.64.7	472				
0199999. Total Experience on Individual Policies										2,020,164	1,282,465	.63.5	636				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Oregon

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus, OH 43215-2220

Person Completing This Exhibit

Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011; 2012; 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1522	P	NO	0034000	02/05/1986	11/01/2001	06/01/2001	01/01/1989	Medicare Supplement	16	(45)	(277.3)					
0199999. Total Experience on Individual Policies										16	(45)	(277.3)					

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	1522	P.	NO	0034000	11/30/1982		05/07/2001	08/01/1989	Medicare Supplement	81,686	57,549	.70.5	21				
YES	1926	P.	NO	0034000	08/03/1989		05/07/2001	07/01/1990	Medicare Supplement	98,675	97,115	.98.4	27				
YES	2121PA	A.	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	42,092	23,919	.56.8	24				
YES	2122PA	B.	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	186,611	106,334	.57.0	77				
YES	2129	C.	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	1,130,181	837,694	.74.1	365				
0199999. Total Experience on Individual Policies										1,539,245	1,122,611	72.9	514				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
YES	1522	A.	NO	0034000	10/06/1982	04/24/2001	04/01/1992	04/24/2001	Medicare Supplement	73,866	48,142	.65.2	.25				
YES	2121SC	B.	NO	0034000	02/05/1993	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement		(231)						
YES	2122SC	F.	NO	0034000	02/05/1993	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	16,928	4,688	.27.7	7				
YES	2123SC	C.	NO	0034000	02/05/1993	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	220,185	118,597	.53.9	63				
YES	2129SC	P.	NO	0034000	07/24/2000	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement								
0199999. Total Experience on Individual Policies										310,979	171,197	55.1	95				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....

NAIC Group Code 0140, NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013				
										11	Incurred Claims		14	15	Incurred Claims		18	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	
YES	1522	P.	NO.	0034000	09/01/1982	05/31/2001	06/01/1992	Medicare Supplement	29,852	6,512	.21.8	8						
YES	2122TN	B.	NO.	0034000	06/30/1992	11/19/2002	05/31/2001	12/01/2002	Medicare Supplement	5,494	411	.7.5	2					
YES	2123TN	F.	NO.	0034000	06/30/1992	11/19/2002	05/31/2001	12/01/2002	Medicare Supplement	145,656	100,705	.69.1	38					
YES	2129TN	C.	NO.	0034000	03/10/2000	11/19/2002	05/31/2001	12/01/2002	Medicare Supplement		181,002	107,629	59.5	48				
0199999. Total Experience on Individual Policies																		

GENERAL INTERROGATORIES

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



**SUPPLEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Texas.....

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	2121TX	A.	NO	0034060	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	10,820	3,322	30.7	4				
YES	2123TX	F.	NO	0034000	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	52,697	43,374	82.3	9				
0199999. Total Experience on Individual Policies										63,517	46,696	73.5	13				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....

NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	1522	P.	NO	0034000	09/27/1982		05/11/2001	02/01/1989	Medicare Supplement	35,039	14,335	40.9	10				
YES	1925	P.	NO	0034000	02/02/1989		05/11/2001	07/01/1992	Medicare Supplement	78,078	31,411	40.2	21				
YES	2121VA	A.	NO	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	6,518	5,114	78.5	4				
YES	2122VA	B.	NO	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	57,130	40,169	70.3	29				
YES	2123VA	F.	NO	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	765,931	624,072	81.5	222				
0199999. Total Experience on Individual Policies										942,696	715,101	75.9	286				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
NAIC Group Code 0140

NAIC Company Code 66869

ADDRESS (City, State and Zip Code) Columbus , OH 43215-2220

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
YES	1523	P.	NO	0034000	09/22/1982	05/30/2001	12/01/1991	Medicare Supplement	138,636	65,446	47.2	.37					
YES	2121WV	A.	NO	0034000	02/27/1992	11/07/2002	05/30/2001	Medicare Supplement	3,065	306	10.0	.1					
YES	2122WV	B.	NO	0034000	02/27/1992	11/07/2002	05/30/2001	Medicare Supplement	42,797	19,341	45.2	.17					
YES	2123WV	F.	NO	0034000	02/27/1992	11/07/2002	05/30/2001	Medicare Supplement	514,426	256,980	50.0	.131					
YES	2129WV	C.	NO	0034000	08/02/1999	11/07/2002	05/30/2001	Medicare Supplement	268	1,544	576.9						
0199999. Total Experience on Individual Policies										699,191	343,616	49.1	186				

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 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2013
(To Be Filed by March 1)

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amount Paid Policyholders				
	1 2009	2 2010	3 2011	4 2012	5 2013(a)
1. Prior	748	.53	.17	(24)	135
2. 2009	586	422	.30	14	3
3. 2010	XXX	371	.435	.38	8
4. 2011	XXX	XXX	223	236	25
5. 2012	XXX	XXX	XXX	205	205
6. 2013	XXX	XXX	XXX	XXX	270

Section B - Other Accident and Health

1. Prior	239	213	142	137	.93
2. 2009 .....	.53	.69	.18	.15	.14
3. 2010	XXX	.69	.51	.16	.14
4. 2011	XXX	XXX	.50	.70	.15
5. 2012	XXX	XXX	XXX	.65	.57
6. 2013	XXX	XXX	XXX	XXX	.54

Section C - Credit Accident and Health

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XX	XX			
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

Section D -

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XX	XX			
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

Section E -

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XX	XX			
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

Section F -

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XX	XX			
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

Section G -

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XX	XX			
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

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

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

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

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

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

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

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

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

SUPPLEMENT FOR THE YEAR 2013 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 2009	2 2010	3 2011	4 2012	5 2013
1. 2009	1,368	736	32	XXX	XXX
2. 2010	XXX	1,151	647	38	XXX
3. 2011	XXX	XXX	998	460	27
4. 2012	XXX	XXX	XXX	1,038	496
5. 2013	XXX	XXX	XXX	XXX	1,092

Section B - Other Accident and Health

1. 2009	286	193	133	XXX	XXX
2. 2010	XXX	302	179	126	XXX
3. 2011	XXX	XXX	287	225	122
4. 2012	XXX	XXX	XXX	264	209
5. 2013	XXX	XXX	XXX	XXX	251

Section C - Credit Accident and Health

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XXX	XXX		
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	

Section D -

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XXX	XXX		
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	

Section E -

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XXX	XXX		
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	

Section F -

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XXX	XXX		
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	

Section G -

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XXX	XXX		
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2013 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. 2009	1,368	736	32	14	3
2. 2010	XXX	1,151	647	38	9
3. 2011	XXX	XXX	998	460	27
4. 2012	XXX	XXX	XXX	1,038	496
5. 2013	XXX	XXX	XXX	XXX	1,092

Section B - Other Accident and Health

1. 2009	286	193	133	125	121
2. 2010	XXX	302	179	126	121
3. 2011	XXX	XXX	287	225	122
4. 2012	XXX	XXX	XXX	264	209
5. 2013	XXX	XXX	XXX	XXX	251

Section C - Credit Accident and Health

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XX	XX	XX	XX	
5. 2013	XXX	XXX	XXX	XXX	

Section D -

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XX	XX	XX	XX	
5. 2013	XXX	XXX	XXX	XXX	

Section E -

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XX	XX	XX	XX	
5. 2013	XXX	XXX	XXX	XXX	

Section F -

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XX	XX	XX	XX	
5. 2013	XXX	XXX	XXX	XXX	

Section G -

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XX	XX	XX	XX	
5. 2013	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life	Other	40,477
2. Ordinary Life		
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	Other	6,371
7. Group Annuities	Other	28
8. Group Accident and Health	Standard Factor & Development	36,483
9. Credit Accident and Health		
10. Other Accident and Health	Standard Factor & Development	1,397
11. Total		84,756

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7
Analysis of Operations By Lines of Business	6
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity	32
Asset Valuation Reserve Replications (Synthetic) Assets	35
Asset Valuation Reserve	29
Assets	2
Cash Flow	5
Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 - General Expenses	11
Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 - Dividends or Refunds	11
Exhibit 5 - Aggregate Reserve for Life Contracts	12
Exhibit 5 - Interrogatories	13
Exhibit 5A - Changes in Bases of Valuation During The Year	13
Exhibit 6 - Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 - Deposit-Type Contracts	15
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1	16
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2	17
Exhibit of Capital Gains (Losses)	8
Exhibit of Life Insurance	25
Exhibit of Net Investment Income	8
Exhibit of Nonadmitted Assets	18
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27
Five-Year Historical Data	22
Form for Calculating the Interest Maintenance Reserve (IMR)	28
General Interrogatories	20
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Life Insurance (State Page)	24
Notes To Financial Statements	19
Overflow Page For Write-ins	55
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10

ANNUAL STATEMENT BLANK (Continued)

Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1.....	E22
Schedule DB - Part D - Section 2.....	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule F	36
Schedule H - Accident and Health Exhibit - Part 1	37
Schedule H - Part 2, Part 3 and Part 4	38
Schedule H - Part 5 - Health Claims	39
Schedule S - Part 1 - Section 1	40
Schedule S - Part 1 - Section 2	41
Schedule S - Part 2	42
Schedule S - Part 3 - Section 1	43
Schedule S - Part 3 - Section 2	44
Schedule S - Part 4	45
Schedule S - Part 5	46
Schedule S - Part 6	47
Schedule S - Part 7	48
Schedule T - Part 2 Interstate Compact	50
Schedule T - Premiums and Annuity Considerations	49
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	51
Schedule Y - Part 1A - Detail of Insurance Holding Company System	52
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	53
Summary Investment Schedule	SI01
Summary of Operations	4
Supplemental Exhibits and Schedules Interrogatories	54