



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
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) 800-882-2822 (Area Code) (Telephone Number)

Mail Address One West Nationwide Blvd., 1-04-701 (Street and Number or P.O. Box) Columbus, OH, 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) 800-882-2822 (Area Code) (Telephone Number)

Internet Website Address www.nationwide.com

Statutory Statement Contact Ronald S. Porter (Name) 614-249-1545 (Area Code) (Telephone Number)
statact@nationwide.com (E-mail Address) 877-669-5908 (FAX Number)

OFFICERS

President & COO Kirt Alan Walker Sr VP & Treasurer David Patrick LaPaul

VP - Corp Governance & Secretary Robert William Horner III VP - NF Chief Actuary Steven Andrew Ginnan

OTHER

<u>J. Lynn Anderson</u> Sr VP - Pres Nationwide Bank	<u>Pamela Ann Biesecker</u> Sr VP - Head of Taxation	<u>John Laughlin Carter</u> Sr VP - NW Retirement Plans
<u>Tammy Craig</u> Senior Vice President-CIO CL & Agency	<u>Rae Ann Dankovic</u> Sr VP - NFS Legal	<u>Timothy Gerard Frommeyer</u> Sr VP - CFO
<u>David Luther Giertz</u> Sr VP - NF Distrib & Sales	<u>Peter Anthony Golato</u> Sr VP - NW Financial Network	<u>Susan Jean Gueli</u> Sr VP - CIO NF Systems
<u>Harry Hansen Hallowell</u> Sr VP	<u>Jennifer Marie Hanley</u> Sr VP, NI Brand Marketing	<u>Patricia Ruth Hatler</u> Exec VP & Chief Legal & Gov Off
<u>Eric Shawn Henderson</u> Sr VP - Ind Products & Sol	<u>Terri Lynn Hill</u> Exec VP	<u>Matthew Eric Jauchius</u> Exec VP - Chief Market
<u>Michael Craig Keller</u> Exec VP - Chief Info Officer	<u>Gale Verdell King</u> Exec VP - Chief Human Res Officer	<u>Mark Angelo Pizzi</u> Exec VP
<u>Steven Charles Power</u> Sr VP - NF	<u>Stephen Scott Rasmussen</u> Chief Executive Officer	<u>Sandra Lynn Rich</u> Sr VP - Chief Compliance Officer
<u>Michael Anthony Richardson</u> Sr VP - CIO Enter Apps	<u>Michael Scott Spangler</u> Sr VP - Invest Manag Group	<u>Mark Raymond Thresher</u> Exec VP
<u>Andrew Dawnly Walker</u> Senior Vice President-IT CFO & Ch Procure Off		

DIRECTORS OR TRUSTEES

<u>John Laughlin Carter</u>	<u>Timothy Gerard Frommeyer</u>	<u>Eric Shawn Henderson</u>
<u>Stephen Scott Rasmussen</u>	<u>Mark Raymond Thresher</u>	<u>Kirt Alan Walker</u>

State of Ohio SS: _____
County of Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kirt Alan Walker
President & COO

Robert William Horner, III
VP - Corp Governance & Secretary

David Patrick LaPaul
Sr VP & Treasurer

Subscribed and sworn to before me this
19 day of Nebraska
Carol M. Neighborgall

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

Yes [] No []



Carol M. Neighborgall
Notary Public, State of Ohio
My Commission Expires 08-22-2016



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0140

DURING THE YEAR 2014

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		4,777,181		(10,597)		4,766,584
2. Annuity considerations		5,050,566				5,050,566
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		67,635,314		71,800,679		139,435,992
5. Totals (Sum of Lines 1 to 4)		77,463,060		71,790,082		149,253,142
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		106,221		25		106,247
6.2 Applied to pay renewal premiums		70,552				70,552
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		212,348				212,348
6.4 Other				25		
6.5 Totals (Sum of Lines 6.1 to 6.4)		389,121				389,146
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		3,209				3,209
7.4 Totals (Sum of Lines 7.1 to 7.3)		3,209				3,209
8. Grand Totals (Lines 6.5 plus 7.4)		392,330		25		392,355
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,151,347		39,823		5,191,170
10. Matured endowments		2,000				2,000
11. Annuity benefits		8,411,097		6,906,394		15,317,491
12. Surrender values and withdrawals for life contracts		41,841,277		88,118,257		129,959,535
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		115,561				115,561
15. Totals		55,521,283		95,064,474		150,585,757
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	9	160,844							9	160,844
17. Incurred during current year	92	5,151,347			3	4,823			95	5,156,170
Settled during current year:										
18.1 By payment in full	91	4,989,090							91	4,989,090
18.2 By payment on compromised claims										
18.3 Totals paid	91	4,989,090							91	4,989,090
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	91	4,989,090							91	4,989,090
19. Unpaid Dec. 31, current year (16+17-18.6)	10	323,101			3	4,823			13	327,924
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,333	979,063,602	(a)		2	26,426,193			7,335	1,005,489,795
21. Issued during year	2	3,000							2	3,000
22. Other changes to in force (Net)	(368)	(49,244,672)			(2)	(24,947,614)			(370)	(74,192,285)
23. In force December 31 of current year	6,967	929,821,930	(a)			1,478,580			6,967	931,300,510

(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)	960,261	923,983		439,998	.417,158
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)	64,958	64,958		19,686	19,686
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)	64,958	64,958		19,686	19,686
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,025,220	988,942		459,684	436,844

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,069 and number of persons insured under indemnity only products 8 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0140

DURING THE YEAR 2014

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		225,848		6,083		231,931
2. Annuity considerations		2,269,239				2,269,239
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		7,379,983		1,519,421		8,899,404
5. Totals (Sum of Lines 1 to 4)		9,875,070		1,525,504		11,400,574
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		7,230				7,230
6.2 Applied to pay renewal premiums		9,704				9,704
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		12,869				12,869
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		29,804				29,804
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		961				961
7.4 Totals (Sum of Lines 7.1 to 7.3)		961				961
8. Grand Totals (Lines 6.5 plus 7.4)		30,764				30,764
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		38,923				38,923
10. Matured endowments						
11. Annuity benefits		745,606		190,472		936,078
12. Surrender values and withdrawals for life contracts		6,299,115		5,165,169		11,464,285
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		3				3
15. Totals		7,083,648		5,355,641		12,439,289
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	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount		
16. Unpaid December 31, prior year	1	2,181							1	2,181
17. Incurred during current year	5	38,923							5	38,923
Settled during current year:										
18.1 By payment in full	6	41,104							6	41,104
18.2 By payment on compromised claims										
18.3 Totals paid	6	41,104							6	41,104
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	41,104							6	41,104
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	429	105,186,752	(a)		381,232				429	105,567,985
21. Issued during year										
22. Other changes to in force (Net)	(25)	(2,660,900)	(a)		192,765				(25)	(2,468,135)
23. In force December 31 of current year	404	102,525,853	(a)		573,997				404	103,099,850

(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)	1,001,351	1,001,212		.856,168	.857,768
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)	3,274	3,274		1,258	1,258
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)	3,274	3,274		1,258	1,258
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,004,625	1,004,486		857,425	859,025

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 56 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0140

DURING THE YEAR 2014

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		10,490,364		13,944,384		24,434,748
2. Annuity considerations		12,868,388				12,868,388
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		137,724,953		122,064,523		259,789,475
5. Totals (Sum of Lines 1 to 4)		161,083,705		136,008,907		297,092,612
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		142,327				142,327
6.2 Applied to pay renewal premiums		148,097				148,097
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		208,940				208,940
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		499,363				499,363
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		4,003				4,003
7.4 Totals (Sum of Lines 7.1 to 7.3)		4,003				4,003
8. Grand Totals (Lines 6.5 plus 7.4)		503,367				503,367
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		3,827,912		698,087		4,525,999
10. Matured endowments		42,545				42,545
11. Annuity benefits		17,769,039		5,309,370		23,078,409
12. Surrender values and withdrawals for life contracts		104,322,313		118,709,956		223,032,269
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		41,756				41,756
15. Totals		126,003,566		124,717,412		250,720,978
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 .....	.15	195,872			8	20,819			.23	.216,691
17. Incurred during current year .....	.97	3,806,637			10	21,862			.107	3,828,499
Settled during current year:										
18.1 By payment in full	100	3,872,927			17	39,681			.117	3,912,607
18.2 By payment on compromised claims										
18.3 Totals paid	100	3,872,927			17	39,681			.117	3,912,607
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	100	3,872,927			17	39,681			.117	3,912,607
19. Unpaid Dec. 31, current year (16+17-18.6)	12	129,583			1	3,000			.13	132,583
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,894	.980,505,509	(a)		180	.585,540,162			.5,074	1,566,045,671
21. Issued during year .....	.30	16,891,312	(a)		64	.96,000,000			.94	112,891,312
22. Other changes to in force (Net)	(189)	(51,471,720)	(a)			(448,908,952)			(189)	(500,380,672)
23. In force December 31 of current year	4,735	945,925,101	(a)		244	232,631,210			4,979	1,178,556,311

(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)	4,532,353	4,621,164		2,041,592	1,688,805
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)	33,305	33,305		62,593	62,593
25.3 Non-renewable for stated reasons only (b)	1,076	1,076			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	34,381	34,381		62,593	62,593
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,567,155	4,655,966		2,104,185	1,751,398

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,265 and number of persons insured under indemnity only products 48 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0140

DURING THE YEAR 2014

NAIC Company Code 66869

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	Total
1. Life insurance	2,045,024		15,632		2,060,655
2. Annuity considerations	5,814,968				5,814,968
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	33,192,389		35,533,933		68,726,323
5. Totals (Sum of Lines 1 to 4)	41,052,381		35,549,565		76,601,946
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	43,861				43,861
6.2 Applied to pay renewal premiums	14,343				14,343
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	79,176				79,176
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	137,380				137,380
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other	8,277				8,277
7.4 Totals (Sum of Lines 7.1 to 7.3)	8,277				8,277
8. Grand Totals (Lines 6.5 plus 7.4)	145,657				145,657
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,025,469		99,355		5,124,824
10. Matured endowments	15,612				15,612
11. Annuity benefits	3,194,920		2,022,219		5,217,138
12. Surrender values and withdrawals for life contracts	20,846,261		23,198,063		44,044,324
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	25,645				25,645
15. Totals	29,107,907		25,319,636		54,427,543
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 Ordinary	2 No.	3 Amount	4 No. of Ind.Pols. & Gr. Certifs.	5 Amount	6 No. of Certifs.	7 Group	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year		4	896,269						4	.896,269
17. Incurred during current year .....		.37	5,018,230			4	68,617		.41	5,086,847
Settled during current year:										
18.1 By payment in full .....		.37	5,005,744			3	65,043		.40	5,070,787
18.2 By payment on compromised claims						3	65,043		.40	5,070,787
18.3 Totals paid .....		.37	5,005,744			3	65,043		.40	5,070,787
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....		.37	5,005,744			3	65,043		.40	5,070,787
19. Unpaid Dec. 31, current year (16+17-18.6)		4	908,755			1	3,574		5	912,329
POLICY EXHIBIT										
20. In force December 31, prior year		2,910	.372,541,509			8	19,064,300		2,918	.391,605,809
21. Issued during year		4	2,120,000						4	2,120,000
22. Other changes to in force (Net)		(164)	(22,182,845)			(7)	(18,776,298)		(171)	(40,959,143)
23. In force December 31 of current year		2,750	352,478,664			1	288,002		2,751	352,766,666

(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)	884,227	884,080		689,253	.668,341
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)	3,902	3,902		1,259	1,259
25.3 Non-renewable for stated reasons only (b)	1,672	1,672		59,281	59,281
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,573	5,573		60,540	60,540
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	889,801	889,654		749,793	728,880

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 173 and number of persons insured under indemnity only products _____ 13 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0140

DURING THE YEAR 2014

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		61,689,643		50,179,311		111,868,954
2. Annuity considerations		56,147,157		1		56,147,158
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		698,852,117		304,300,362		1,003,152,479
5. Totals (Sum of Lines 1 to 4)		816,688,917		354,479,674		1,171,168,591
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		961,389		81		.961,470
6.2 Applied to pay renewal premiums		1,095,939		16		1,095,955
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,666,226		105		1,666,331
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		3,723,554		201		3,723,756
Annuities:						
7.1 Paid in cash or left on deposit		276				276
7.2 Applied to provide paid-up annuities		442				442
7.3 Other		14,204				14,204
7.4 Totals (Sum of Lines 7.1 to 7.3)		14,922				14,922
8. Grand Totals (Lines 6.5 plus 7.4)		3,738,476		201		3,738,678
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		37,809,234		6,735,861		.44,545,095
10. Matured endowments		34,448				34,448
11. Annuity benefits		73,900,758		26,903,129		100,803,886
12. Surrender values and withdrawals for life contracts		593,321,575		371,289,862		.964,611,436
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		132,150				.132,150
15. Totals		705,198,164		404,928,851		1,110,127,015
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	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount		
16. Unpaid December 31, prior year .....	.96	1,289,150			31	67,030			127	1,356,179
17. Incurred during current year	337	37,793,887			48	6,162,805			385	.43,956,693
Settled during current year:										
18.1 By payment in full	372	36,753,210			59	6,176,734			431	.42,929,944
18.2 By payment on compromised claims										
18.3 Totals paid	372	36,753,210			59	6,176,734			431	.42,929,944
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	372	36,753,210			59	6,176,734			431	.42,929,944
19. Unpaid Dec. 31, current year (16+17-18.6)	61	2,329,827			20	53,101			81	2,382,928
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	24,602	7,644,377,599	(a)		1,986	2,817,608,399			26,588	10,461,985,998
21. Issued during year .....	.47	24,842,752			44	111,565,105			.91	136,407,857
22. Other changes to in force (Net)	(1,381)	(659,176,275)			(13)	(338,536,558)			(1,394)	(997,712,832)
23. In force December 31 of current year	23,268	7,010,044,076	(a)		2,017	2,590,636,946			25,285	9,600,681,022

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	45,240,513	39,726,622		26,677,330	27,953,562
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	425	425		4,764	4,764
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	24,073	24,073		7,914	7,914
25.3 Non-renewable for stated reasons only (b)	1,878	1,878			
25.4 Other accident only					
25.5 All other (b)	175	175			
25.6 Totals (sum of Lines 25.1 to 25.5)	26,126	26,126		7,914	7,914
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,267,064	39,753,173		26,690,008	27,966,240

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 35,327 and number of persons insured under indemnity only products 389 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0140

DURING THE YEAR 2014

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		6,032,606		2,551,116		8,583,722
2. Annuity considerations		15,508,632				15,508,632
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		87,721,990		36,566,728		124,288,718
5. Totals (Sum of Lines 1 to 4)		109,263,229		39,117,844		148,381,073
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		114,425				114,425
6.2 Applied to pay renewal premiums		140,203		6		140,209
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		172,994				172,994
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		427,623		6		427,629
Annuities:						
7.1 Paid in cash or left on deposit		97				97
7.2 Applied to provide paid-up annuities		62				62
7.3 Other		10,322				10,322
7.4 Totals (Sum of Lines 7.1 to 7.3)		10,481				10,481
8. Grand Totals (Lines 6.5 plus 7.4)		438,104		6		438,110
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,587,614		797,407		2,385,021
10. Matured endowments		34,547				34,547
11. Annuity benefits		13,508,715		4,196,076		17,704,792
12. Surrender values and withdrawals for life contracts		69,412,669		43,353,787		112,766,455
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		1,794				1,794
15. Totals		84,545,339		48,347,270		132,892,609
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	7	12,294							7	12,294
17. Incurred during current year	63	1,587,614			7	756,957			70	2,344,571
Settled during current year:										
18.1 By payment in full	56	1,385,725			6	19,057			62	1,404,782
18.2 By payment on compromised claims										
18.3 Totals paid	56	1,385,725			6	19,057			62	1,404,782
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	56	1,385,725			6	19,057			62	1,404,782
19. Unpaid Dec. 31, current year (16+17-18.6)	14	214,184			1	737,900			15	952,084
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,546	788,868,708	(a)		64	194,023,716			4,610	982,892,425
21. Issued during year	42	21,228,178							42	21,228,178
22. Other changes to in force (Net)	(214)	(48,772,480)			(1)	(104,452,469)			(215)	(153,224,949)
23. In force December 31 of current year	4,374	761,324,406	(a)		63	89,571,248			4,437	850,895,654

(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)	4,311,953	7,589,408		7,986,866	7,978,466
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)	15,359	15,359		20,266	20,266
25.3 Non-renewable for stated reasons only (b)	449	449			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	15,807	15,807		22,666	22,666
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,327,760	7,605,216		8,009,533	8,001,133

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 495 and number of persons insured under indemnity only products 26 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0140

DURING THE YEAR 2014

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		7,392,342		85,783		7,478,125
2. Annuity considerations		27,230,573		1,672		27,232,245
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		114,818,248		29,367,966		144,186,214
5. Totals (Sum of Lines 1 to 4)		149,441,163		29,455,421		178,896,584
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		272,659				272,659
6.2 Applied to pay renewal premiums		218,270				218,270
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		359,166		25		359,190
6.4 Other				25		
6.5 Totals (Sum of Lines 6.1 to 6.4)		850,094		25		850,119
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		2,999				2,999
7.4 Totals (Sum of Lines 7.1 to 7.3)		2,999				2,999
8. Grand Totals (Lines 6.5 plus 7.4)		853,093		25		853,118
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,809,182		85,369		5,894,551
10. Matured endowments		73,058				73,058
11. Annuity benefits		18,476,134		4,481,001		22,957,136
12. Surrender values and withdrawals for life contracts		78,841,621		50,313,721		129,155,343
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		42,091				42,091
15. Totals		103,242,086		54,880,092		158,122,178
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 .....	.36	334,129			4	.5,032			.40	.339,161
17. Incurred during current year	183	5,784,182			11	29,172			194	5,813,354
Settled during current year:										
18.1 By payment in full	194	5,810,229			11	31,639			205	5,841,868
18.2 By payment on compromised claims										
18.3 Totals paid	194	5,810,229			11	31,639			205	5,841,868
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	194	5,810,229			11	31,639			205	5,841,868
19. Unpaid Dec. 31, current year (16+17-18.6)	25	308,082			4	2,565			29	310,647
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11,819	1,406,858,607	(a)		.59	.84,677,924			11,878	1,491,536,531
21. Issued during year .....	.17	5,418,412							.17	5,418,412
22. Other changes to in force (Net)	(713)	(75,392,015)			(5)	(44,081,297)			(718)	(119,473,312)
23. In force December 31 of current year	11,123	1,336,885,004	(a)		54	40,596,627			11,177	1,377,481,631

(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)	22,986,951	.21,757,475			
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)	341,846	.341,846			
25.3 Non-renewable for stated reasons only (b)	100	100			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	341,946	.341,946			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,328,897	22,099,421			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7,307 and number of persons insured under indemnity only products 26.



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0140

DURING THE YEAR 2014

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		18,617,402		102,658,527		121,275,929
2. Annuity considerations		5,104,137				5,104,137
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		36,987,153		1,744,805		38,731,957
5. Totals (Sum of Lines 1 to 4)		60,708,692		104,403,332		165,112,024
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		198,453		13		198,466
6.2 Applied to pay renewal premiums		192,628				192,628
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		616,743				616,743
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,007,823		13		1,007,837
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		851				851
7.4 Totals (Sum of Lines 7.1 to 7.3)		851				851
8. Grand Totals (Lines 6.5 plus 7.4)		1,008,675		13		1,008,688
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		7,842,368		28,780,831		36,623,199
10. Matured endowments		109,217				109,217
11. Annuity benefits		2,468,574		476,379		2,944,953
12. Surrender values and withdrawals for life contracts		28,108,737		26,307,995		54,416,732
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		48,223				48,223
15. Totals		38,577,118		55,565,206		94,142,324
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	422,230			2	636,486			24	1,058,716
17. Incurred during current year	135	7,842,368			23	28,780,831			158	36,623,199
Settled during current year:										
18.1 By payment in full	143	8,191,829			23	28,670,371			166	36,862,200
18.2 By payment on compromised claims										
18.3 Totals paid	143	8,191,829			23	28,670,371			166	36,862,200
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	143	8,191,829			23	28,670,371			166	36,862,200
19. Unpaid Dec. 31, current year (16+17-18.6)	14	72,768			2	746,946			16	819,715
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12,666	2,309,215,137	(a)			9,856	16,813,289,975		22,522	19,122,505,112
21. Issued during year	463	183,318,068			307	363,697,392			770	547,015,460
22. Other changes to in force (Net)	(670)	(131,367,131)				43	55,322,661		(627)	(76,044,470)
23. In force December 31 of current year	12,459	2,361,166,075	(a)		10,206	17,232,310,027			22,665	19,593,476,102

(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)	1,015,637	3,807,055		2,746,391	2,787,677
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)	13,605	13,605		10,091	10,091
25.3 Non-renewable for stated reasons only (b)	3,681	3,681			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	17,285	17,285		10,091	10,091
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,032,922	3,824,341		2,756,482	2,797,768

(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 _____ 41 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

NAIC Group Code 0140

DURING THE YEAR 2014

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		896,711		.30,188		.926,899
2. Annuity considerations		911,011				.911,011
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations .....		.8,896,656		.377,153		.9,273,808
5. Totals (Sum of Lines 1 to 4)		10,704,378		407,340		11,111,718
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....		.41,064				.41,064
6.2 Applied to pay renewal premiums .....		.36,604				.36,604
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....		.33,519				.33,519
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		111,188				.111,188
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other .....		.185				.185
7.4 Totals (Sum of Lines 7.1 to 7.3) .....		.185				.185
8. Grand Totals (Lines 6.5 plus 7.4)		111,373				111,373
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		134,001		.36,018		.170,019
10. Matured endowments .....		.4,350				.4,350
11. Annuity benefits .....		.1,267,534		.485,678		.1,753,212
12. Surrender values and withdrawals for life contracts		10,736,421		.481,467		.11,217,888
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....		.772				.772
15. Totals		12,143,079		1,003,163		13,146,242
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	6	.19,219			8	.76,166			14	.95,385
17. Incurred during current year	7	.134,001			2	.1,770			9	.135,771
Settled during current year:										
18.1 By payment in full	8	.62,304			(1)	.72,908			7	.135,213
18.2 By payment on compromised claims										
18.3 Totals paid	8	.62,304			(1)	.72,908			7	.135,213
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	.62,304			(1)	.72,908			7	.135,213
19. Unpaid Dec. 31, current year (16+17-18.6)	5	.90,916			11	.5,028			16	.95,944
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,081	.409,919,805	(a)		2	.4,336,739			1,083	.414,256,544
21. Issued during year										
22. Other changes to in force (Net)	(40)	-(66,718,596)				-(1,549,475)			(40)	-(68,268,071)
23. In force December 31 of current year	1,041	343,201,209	(a)		2	2,787,263			1,043	345,988,473

(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) .....	.247,991	.247,881		.156,990	.159,127
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) .....	.4,360	.4,360		.12,648	.12,648
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) .....	.4,360	.4,360		.12,648	.12,648
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	252,351	252,241		169,638	171,775

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 56 and number of persons insured under indemnity only products 23 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0140

DURING THE YEAR 2014

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		25,200,385		44,537,595		69,737,980
2. Annuity considerations		49,163,674				.49,163,674
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		505,840,193		.575,688,526		1,081,528,719
5. Totals (Sum of Lines 1 to 4)		580,204,252		620,226,121		1,200,430,373
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		973,897		52		.973,949
6.2 Applied to pay renewal premiums		810,007				.810,007
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,392,418		26		1,392,444
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		3,176,323		77		3,176,400
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		41				.41
7.3 Other		12,391				12,391
7.4 Totals (Sum of Lines 7.1 to 7.3)		12,431				12,431
8. Grand Totals (Lines 6.5 plus 7.4)		3,188,754		77		3,188,831
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		23,667,186		1,477,442		25,144,627
10. Matured endowments		202,625				202,625
11. Annuity benefits		68,676,587		.47,373,120		116,049,706
12. Surrender values and withdrawals for life contracts		368,463,953		.421,555,396		790,019,349
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		307,294				.307,294
15. Totals		461,317,644		470,405,957		931,723,602
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	104	3,187,131			19	85,219			123	3,272,350
17. Incurred during current year	554	29,571,898			28	1,121,527			582	.30,693,425
Settled during current year:										
18.1 By payment in full	591	31,976,822			37	1,178,334			628	.33,155,156
18.2 By payment on compromised claims										
18.3 Totals paid	591	31,976,822			37	1,178,334			628	.33,155,156
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	591	31,976,822			37	1,178,334			628	.33,155,156
19. Unpaid Dec. 31, current year (16+17-18.6)	67	782,207			10	28,413			77	810,620
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	33,409	4,486,239,098	(a)			1,529	1,327,790,076		34,938	5,814,029,174
21. Issued during year	19	9,068,129				45	21,775,500		.64	.30,843,629
22. Other changes to in force (Net)	(1,690)	(339,882,481)				(14)	(273,965,386)		(1,704)	(.613,847,867)
23. In force December 31 of current year	31,738	4,155,424,746	(a)		1,560	1,075,600,191			33,298	5,231,024,937

(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)	6,764,428	6,658,502		3,661,309	3,698,509
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)	1,414	1,414			
25.2 Guaranteed renewable (b)	1,117,447	1,117,447		1,128,262	1,132,702
25.3 Non-renewable for stated reasons only (b)	45,796	45,796			
25.4 Other accident only					
25.5 All other (b)	46	.46			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,164,704	1,164,704		1,128,262	1,132,702
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,929,132	7,823,206		4,789,572	4,831,212

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,883 and number of persons insured under indemnity only products 178 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0140

DURING THE YEAR 2014

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		20,956,179		10,164,807		31,120,986
2. Annuity considerations		13,050,180				13,050,180
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		116,383,735		70,354,157		186,737,891
5. Totals (Sum of Lines 1 to 4)		150,390,094		80,518,964		230,909,058
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		399,080		195		.399,275
6.2 Applied to pay renewal premiums		232,829				232,829
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		629,314		6		.629,320
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,261,223		201		1,261,424
Annuities:						
7.1 Paid in cash or left on deposit .....						.58
7.2 Applied to provide paid-up annuities		58				
7.3 Other		10,617				10,617
7.4 Totals (Sum of Lines 7.1 to 7.3)		10,675				10,675
8. Grand Totals (Lines 6.5 plus 7.4)		1,271,898		201		1,272,099
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		19,663,023		3,917,941		23,580,964
10. Matured endowments		24,468				24,468
11. Annuity benefits		15,393,081		9,889,446		25,282,527
12. Surrender values and withdrawals for life contracts		91,876,234		184,448,530		276,324,764
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		100,736				.100,736
15. Totals		127,057,543		198,255,917		325,313,460
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	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount		
16. Unpaid December 31, prior year	27	1,019,944			2	31,369			.29	1,051,313
17. Incurred during current year	180	19,600,814			34	3,852,941			214	23,453,755
Settled during current year:										
18.1 By payment in full	183	19,420,945			27	3,860,530			210	23,281,475
18.2 By payment on compromised claims										
18.3 Totals paid	183	19,420,945			27	3,860,530			210	23,281,475
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	183	19,420,945			27	3,860,530			210	23,281,475
19. Unpaid Dec. 31, current year (16+17-18.6)	24	1,199,813			9	23,780			33	1,223,593
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14,102	2,195,653,992	(a)		413	526,082,984			14,515	2,721,736,976
21. Issued during year	64	41,818,442	(a)		18	13,776,110			.82	.55,594,552
22. Other changes to in force (Net)	(810)	(139,394,300)	(a)		(2)	(122,014,052)			(812)	(261,408,353)
23. In force December 31 of current year	13,356	2,098,078,134	(a)		429	417,845,041			13,785	2,515,923,175

(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)	5,541,269	5,203,349		2,749,784	2,759,732
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)	18,514	18,514			
25.2 Guaranteed renewable (b)	403,537	403,537		355,629	.355,629
25.3 Non-renewable for stated reasons only (b)	(2,462)	(2,462)			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	419,588	419,588		355,629	.355,629
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,960,857	5,622,938		3,105,413	3,115,361

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,701 and number of persons insured under indemnity only products 48 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0140

DURING THE YEAR 2014

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		1,225,516		279,158		1,504,675
2. Annuity considerations		7,137,449				7,137,449
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		65,161,830		4,705,253		69,867,084
5. Totals (Sum of Lines 1 to 4)		73,524,796		4,984,412		78,509,207
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		18,877				18,877
6.2 Applied to pay renewal premiums		19,332				19,332
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		19,092				19,092
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		57,301				57,301
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		1,324				1,324
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,324				1,324
8. Grand Totals (Lines 6.5 plus 7.4)		58,625				58,625
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		3,927,935				3,927,935
10. Matured endowments						
11. Annuity benefits		8,423,377		1,572,609		9,995,987
12. Surrender values and withdrawals for life contracts		43,544,652		10,746,574		54,291,226
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		2				2
15. Totals		55,895,967		12,319,183		68,215,150
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	297,615							3	297,615
17. Incurred during current year	9	3,927,935							9	3,927,935
Settled during current year:										
18.1 By payment in full	6	3,135,954							6	3,135,954
18.2 By payment on compromised claims										
18.3 Totals paid	6	3,135,954							6	3,135,954
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	3,135,954							6	3,135,954
19. Unpaid Dec. 31, current year (16+17-18.6)	6	1,089,596							6	1,089,596
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	1,254	335,029,884	(a)		25	6,195,159			1,279	341,225,043
21. Issued during year										
22. Other changes to in force (Net)	(48)	(9,216,497)			(6)	254,577			(54)	(8,961,920)
23. In force December 31 of current year	1,206	325,813,387	(a)		19	6,449,736			1,225	332,263,123

(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)		11,098	11,500		12,058	16,222
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)		3,378	3,378		361	361
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)		3,378	3,378		361	361
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		14,475	14,878		12,419	16,583

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 133 and number of persons insured under indemnity only products 10 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0140

DURING THE YEAR 2014

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	1,943,053			11,280		1,954,333
2. Annuity considerations	1,334,783					1,334,783
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	12,883,051			31,059,457		43,942,508
5. Totals (Sum of Lines 1 to 4)	16,160,887			31,070,736		47,231,623
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	19,882			63		19,945
6.2 Applied to pay renewal premiums	7,038					7,038
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	22,569					22,569
6.4 Other				63		
6.5 Totals (Sum of Lines 6.1 to 6.4)	49,489					49,552
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	8,148					8,148
7.4 Totals (Sum of Lines 7.1 to 7.3)	8,148					8,148
8. Grand Totals (Lines 6.5 plus 7.4)	57,637			63		57,700
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	244,160			14,912		259,072
10. Matured endowments						
11. Annuity benefits	2,358,345			5,469,803		7,828,148
12. Surrender values and withdrawals for life contracts	21,531,885			29,956,016		51,487,901
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	(64)					(64)
15. Totals	24,134,326			35,440,731		59,575,057
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 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	1,178			2	.5,044			3	6,222
17. Incurred during current year	6	244,160			3	14,912			9	259,072
Settled during current year:										
18.1 By payment in full	6	176,226			3	15,044			9	191,270
18.2 By payment on compromised claims										
18.3 Totals paid	6	176,226			3	15,044			9	191,270
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	176,226			3	15,044			9	191,270
19. Unpaid Dec. 31, current year (16+17-18.6)	1	69,113			2	4,912			3	74,025
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	735	162,239,471	(a)		5	7,508,587			740	169,748,059
21. Issued during year	8	3,898,677							8	3,898,677
22. Other changes to in force (Net)	(32)	(6,998,359)			(5)	(7,407,134)			(37)	(14,405,494)
23. In force December 31 of current year	711	159,139,789	(a)			101,453			711	159,241,242

(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)	983,818	832,014		907,486	.909,482
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)	984,670	832,866		907,486	909,482

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 163 and number of persons insured under indemnity only products 3 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0140

DURING THE YEAR 2014

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	16,281,667		72,054,859		88,336,525
2. Annuity considerations	28,742,017				28,742,017
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	222,557,100		190,455,615		413,012,714
5. Totals (Sum of Lines 1 to 4)	267,580,783		262,510,473		530,091,257
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	259,896		15		259,896
6.2 Applied to pay renewal premiums	224,902				224,902
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	443,533				443,533
6.4 Other			15		
6.5 Totals (Sum of Lines 6.1 to 6.4)	928,331		15		928,346
Annuities:					
7.1 Paid in cash or left on deposit					786
7.2 Applied to provide paid-up annuities	786				786
7.3 Other	37,658				37,658
7.4 Totals (Sum of Lines 7.1 to 7.3)	38,444				38,444
8. Grand Totals (Lines 6.5 plus 7.4)	966,775		15		966,790
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	9,413,017		3,560,571		12,973,588
10. Matured endowments	59,382				59,382
11. Annuity benefits	28,010,170		15,596,633		43,606,803
12. Surrender values and withdrawals for life contracts	176,112,549		274,112,875		450,225,424
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	21,023				21,023
15. Totals	213,616,142		293,270,078		506,886,220
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	32	1,359,989			3	6,812			35	1,366,801
17. Incurred during current year	150	9,380,002			33	3,488,271			183	12,868,272
Settled during current year:										
18.1 By payment in full	162	10,445,299			31	3,484,521			193	13,929,820
18.2 By payment on compromised claims					31	3,484,521			193	13,929,820
18.3 Totals paid	162	10,445,299			31	3,484,521			193	13,929,820
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	162	10,445,299			31	3,484,521			193	13,929,820
19. Unpaid Dec. 31, current year (16+17-18.6)	20	294,692			5	10,561			25	305,253
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13,615	2,900,720,911	(a)		837	1,623,662,583			14,452	4,524,383,494
21. Issued during year	16	5,306,595			204	308,926,421			220	314,233,016
22. Other changes to in force (Net)	12,299	(151,414,216)			(51)	(116,136,195)			12,248	(267,550,410)
23. In force December 31 of current year	25,930	2,754,613,290	(a)		990	1,816,452,810			26,920	4,571,066,100

(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)	7,215,130	6,952,103			4,492,656	4,376,250
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)	12,845	12,845			6,554	6,554
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)	13,030	13,030			6,554	6,554
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,228,160	6,965,133			4,499,211	4,382,804

(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 _____ 136 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0140

DURING THE YEAR 2014

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		3,859,144		22,749,343		26,608,487
2. Annuity considerations		14,430,775				14,430,775
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		138,411,161		43,986,748		182,397,909
5. Totals (Sum of Lines 1 to 4)		156,701,080		66,736,091		223,437,171
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		143,711		116		143,827
6.2 Applied to pay renewal premiums		179,970				179,970
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		275,117		7		275,124
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		598,799		123		598,921
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		322				322
7.3 Other		11,984				11,984
7.4 Totals (Sum of Lines 7.1 to 7.3)		12,305				12,305
8. Grand Totals (Lines 6.5 plus 7.4)		611,104		123		611,226
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,456,431		3,169,852		4,626,283
10. Matured endowments		16,034				16,034
11. Annuity benefits		12,182,041		6,842,124		19,024,165
12. Surrender values and withdrawals for life contracts		75,967,564		65,496,086		141,463,650
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		28,576				28,576
15. Totals		89,650,645		75,508,062		165,158,707
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	11	110,838			5	.7,676			16	118,514
17. Incurred during current year	101	1,455,602			7	3,015,852			108	4,471,454
Settled during current year:										
18.1 By payment in full	104	1,528,009			11	3,022,634			115	4,550,643
18.2 By payment on compromised claims										
18.3 Totals paid	104	1,528,009			11	3,022,634			115	4,550,643
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	104	1,528,009			11	3,022,634			115	4,550,643
19. Unpaid Dec. 31, current year (16+17-18.6)	8	38,431			1	894			9	39,325
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,602	757,911,689	(a)		.97	163,302,132			7,699	921,213,821
21. Issued during year	2	1,127,478			.58	115,062,392			.60	116,189,870
22. Other changes to in force (Net)	(381)	(52,344,613)			(22)	(52,329,716)			(403)	(104,674,329)
23. In force December 31 of current year	7,223	706,694,554	(a)		133	226,034,808			7,356	932,729,361

(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)	7,762,794	7,335,477		4,028,247	4,256,662
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)	63,980	63,980		44,515	44,515
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)	63,980	63,980		44,515	44,515
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,826,774	7,399,457		4,072,761	4,301,177

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 968 and number of persons insured under indemnity only products 38 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0140

DURING THE YEAR 2014

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		4,054,454		3,074,050		7,128,503
2. Annuity considerations		2,818,455				2,818,455
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		25,638,833		22,852,106		48,490,939
5. Totals (Sum of Lines 1 to 4)		32,511,741		25,926,155		58,437,897
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		84,937				84,937
6.2 Applied to pay renewal premiums		99,167				99,167
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		157,186		44		157,230
6.4 Other				44		
6.5 Totals (Sum of Lines 6.1 to 6.4)		341,290		44		341,334
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		6,933				6,933
7.4 Totals (Sum of Lines 7.1 to 7.3)		6,933				6,933
8. Grand Totals (Lines 6.5 plus 7.4)		348,223		44		348,267
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,739,468		1,206,197		7,945,665
10. Matured endowments		13,173				13,173
11. Annuity benefits		4,884,031		3,327,863		8,211,894
12. Surrender values and withdrawals for life contracts		30,321,762		37,017,883		67,339,646
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		3,686				3,686
15. Totals		41,962,120		41,551,943		83,514,063
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	7	54,098			4	12,466			11	66,564
17. Incurred during current year .....	.44	3,725,592			9	23,885			.53	3,749,477
Settled during current year:										
18.1 By payment in full .....	.43	3,581,138			12	16,351			.55	3,597,489
18.2 By payment on compromised claims										
18.3 Totals paid .....	.43	3,581,138			12	16,351			.55	3,597,489
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.43	3,581,138			12	16,351			.55	3,597,489
19. Unpaid Dec. 31, current year (16+17-18.6)	8	198,552			1	20,000			9	218,552
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,067	326,153,145	(a)		35	1,033,148,811			2,102	1,359,301,955
21. Issued during year .....	.21	6,175,380							.21	6,175,380
22. Other changes to in force (Net)	(107)	6,738,975			(5)	(965,263,462)			(112)	(958,524,487)
23. In force December 31 of current year	1,981	339,067,500	(a)		30	67,885,348			2,011	406,952,848

(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)	4,252,321	3,541,917		2,396,506	2,375,980
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)	2,742	2,742			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,742	2,742			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,255,064	3,544,659		2,396,506	2,375,980

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,567 and number of persons insured under indemnity only products 15 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0140

DURING THE YEAR 2014

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		3,224,317		933,507		4,157,824
2. Annuity considerations		5,969,822				5,969,822
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		78,958,059		8,212,799		.87,170,858
5. Totals (Sum of Lines 1 to 4)		88,152,198		9,146,306		97,298,504
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		50,055				50,055
6.2 Applied to pay renewal premiums		51,638				51,638
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		112,102				.112,102
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		213,795				213,795
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		1,510				1,510
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,510				1,510
8. Grand Totals (Lines 6.5 plus 7.4)		215,305				215,305
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		3,493,334		848,243		4,341,577
10. Matured endowments		15,416				15,416
11. Annuity benefits		13,660,170		1,014,451		14,674,621
12. Surrender values and withdrawals for life contracts		55,576,184		14,149,349		69,725,533
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		6,740				6,740
15. Totals		72,751,845		16,012,043		88,763,888
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	4	261,560							4	.261,560
17. Incurred during current year	34	3,492,203			4	.9,293			.38	3,501,495
Settled during current year:										
18.1 By payment in full	29	2,717,602			4	.9,293			.33	2,726,894
18.2 By payment on compromised claims					4	.9,293				
18.3 Totals paid	29	2,717,602			4	.9,293			.33	2,726,894
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	29	2,717,602			4	.9,293			.33	2,726,894
19. Unpaid Dec. 31, current year (16+17-18.6)	9	1,036,161							9	1,036,161
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,581	452,476,938	(a)		3	58,197,881			2,584	510,674,819
21. Issued during year	11	1,100,000							.11	1,100,000
22. Other changes to in force (Net)	(156)	(25,834,863)			(2)	(57,557,746)			(158)	(83,392,608)
23. In force December 31 of current year	2,436	427,742,075	(a)		1	640,136			2,437	428,382,211

(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)	2,935,612	2,851,321		1,355,814	1,361,474
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		880	880
25.3 Non-renewable for stated reasons only (b)	20,649	20,649			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	20,856	20,856		880	880
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,956,468	2,872,177		1,356,694	1,362,354

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 741 and number of persons insured under indemnity only products 8 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0140

DURING THE YEAR 2014

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		4,769,676		7,398,076		12,167,752
2. Annuity considerations		8,346,447		1		8,346,448
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		91,718,694		17,986,385		109,705,080
5. Totals (Sum of Lines 1 to 4)		104,834,817		25,384,462		130,219,279
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		224,659		15		224,674
6.2 Applied to pay renewal premiums		286,556				286,556
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		449,135				449,135
6.4 Other				15		
6.5 Totals (Sum of Lines 6.1 to 6.4)		960,350				960,365
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		3,664				3,664
7.4 Totals (Sum of Lines 7.1 to 7.3)		3,664				3,664
8. Grand Totals (Lines 6.5 plus 7.4)		964,014		15		964,029
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		7,680,536		6,921,098		14,601,634
10. Matured endowments		25,481				25,481
11. Annuity benefits		7,603,696		2,509,648		10,113,344
12. Surrender values and withdrawals for life contracts		47,076,468		21,534,099		68,610,567
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		98,481				98,481
15. Totals		62,484,662		30,964,845		93,449,506
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	25	187,340							25	187,340
17. Incurred during current year	138	7,560,997			2	.3,036			140	7,564,033
Settled during current year:										
18.1 By payment in full	148	7,283,080			2	.3,036			150	7,286,116
18.2 By payment on compromised claims										
18.3 Totals paid	148	7,283,080			2	.3,036			150	7,286,116
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	148	7,283,080			2	.3,036			150	7,286,116
19. Unpaid Dec. 31, current year (16+17-18.6)	15	465,257							15	465,257
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8,526	847,666,951	(a)			4,032,528,846			8,526	4,880,195,797
21. Issued during year	1	1,000							1	1,000
22. Other changes to in force (Net)	(477)	(52,616,875)				(4,031,601,838)			(477)	(4,084,218,712)
23. In force December 31 of current year	8,050	795,051,076	(a)			927,008			8,050	795,978,084

(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)	7,517,197	7,489,467		7,819,312	7,817,159
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)	75,941	75,941		33,162	33,162
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	75,941	75,941		33,162	33,162
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,593,138	7,565,408		7,852,474	7,850,321

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 242 and number of persons insured under indemnity only products 25 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0140

DURING THE YEAR 2014

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	1,772,854			866,462		2,639,317
2. Annuity considerations	3,334,181					3,334,181
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	106,360,272			42,451,196		148,811,468
5. Totals (Sum of Lines 1 to 4)	111,467,307			43,317,659		154,784,966
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	98,762					98,762
6.2 Applied to pay renewal premiums	120,582					120,582
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	186,756			16		186,772
6.4 Other					16	
6.5 Totals (Sum of Lines 6.1 to 6.4)	406,101					406,117
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	6,126					6,126
7.4 Totals (Sum of Lines 7.1 to 7.3)	6,126					6,126
8. Grand Totals (Lines 6.5 plus 7.4)	412,227			16		412,243
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	3,629,060			2,880,480		6,509,541
10. Matured endowments						
11. Annuity benefits	6,470,112			4,772,986		11,243,098
12. Surrender values and withdrawals for life contracts	34,496,086			40,707,521		75,203,607
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	4,888					4,888
15. Totals	44,600,146			48,360,987		92,961,133
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	47,859			7	22,870			11	70,729
17. Incurred during current year	17	3,612,366			4	2,878,855			21	6,491,221
Settled during current year:										
18.1 By payment in full	19	2,736,127			8	2,896,584			27	5,632,711
18.2 By payment on compromised claims										
18.3 Totals paid	19	2,736,127			8	2,896,584			27	5,632,711
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	19	2,736,127			8	2,896,584			27	5,632,711
19. Unpaid Dec. 31, current year (16+17-18.6)	2	924,097			3	5,141			5	929,238
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,507	273,486,904	(a)		55	84,461,341			1,562	357,948,245
21. Issued during year	5	14,113,948							5	14,113,948
22. Other changes to in force (Net)	(73)	(12,485,042)			(3)	(12,672,872)			(76)	(25,157,914)
23. In force December 31 of current year	1,439	275,115,810	(a)		52	71,788,469			1,491	346,904,279

(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)	2,656,517	2,672,911		1,146,736	1,129,429
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)	2,656,517	2,672,911		1,146,736	1,129,429
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 1,073 and number of persons insured under indemnity only products 15 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0140

DURING THE YEAR 2014

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		1,109,515		14,832		1,124,347
2. Annuity considerations		2,701,288				2,701,288
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		17,051,781		3,123,283		20,175,064
5. Totals (Sum of Lines 1 to 4)		20,862,584		3,138,115		24,000,700
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		103,625				103,625
6.2 Applied to pay renewal premiums		98,978				98,978
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		113,261				113,261
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		315,864				315,864
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)		315,864				315,864
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		545,517		10,695		.556,212
10. Matured endowments		25,512				25,512
11. Annuity benefits		2,539,438		744,932		3,284,370
12. Surrender values and withdrawals for life contracts		17,505,674		6,668,161		24,173,835
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		6,242				.6,242
15. Totals		20,622,383		7,423,788		28,046,170
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	157,764			1	1,100			10	.158,864
17. Incurred during current year .....	.33	545,517			4	10,695			.37	.556,212
Settled during current year:										
18.1 By payment in full .....	.36	665,336			4	9,593			.40	.674,929
18.2 By payment on compromised claims										
18.3 Totals paid .....	.36	665,336			4	9,593			.40	.674,929
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.36	665,336			4	9,593			.40	.674,929
19. Unpaid Dec. 31, current year (16+17-18.6)	6	37,945			1	2,202			7	40,147
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,147	184,888,001	(a)			2,695,568			2,147	187,583,570
21. Issued during year										
22. Other changes to in force (Net)	(95)	(8,114,292)	(a)			(2,344,022)			(95)	(10,458,314)
23. In force December 31 of current year	2,052	176,773,710	(a)			351,546			2,052	177,125,256

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
	Direct Premiums		Direct Premiums Earned		Dividends Paid Or Credited On Direct Business		Direct Losses Paid		Direct Losses Incurred	
24. Group Policies (b)		5,162,240		5,686,906				3,679,631		3,758,331
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)		16,764		16,764				7,402		7,402
25.3 Non-renewable for stated reasons only (b)		907		907						
25.4 Other accident only										
25.5 All other (b)		506		506						
25.6 Totals (sum of Lines 25.1 to 25.5)		19,657		19,657				7,402		7,402
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		5,181,897		5,706,563				3,687,033		3,765,733

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,654 and number of persons insured under indemnity only products 5.



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0140

DURING THE YEAR 2014

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		20,825,827		5,056,398		25,882,226
2. Annuity considerations		19,152,362		343,341		19,495,703
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		109,020,007		68,021,107		177,041,114
5. Totals (Sum of Lines 1 to 4)		148,998,196		73,420,846		222,419,043
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		488,888		252		489,140
6.2 Applied to pay renewal premiums		450,707		14		450,721
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		923,572				923,572
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,863,167		266		1,863,432
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		2,274				2,274
7.4 Totals (Sum of Lines 7.1 to 7.3)		2,274				2,274
8. Grand Totals (Lines 6.5 plus 7.4)		1,865,440		266		1,865,706
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		10,965,681		1,547,232		12,512,912
10. Matured endowments		92,701				92,701
11. Annuity benefits		18,169,015		11,644,699		29,813,715
12. Surrender values and withdrawals for life contracts		105,717,668		56,879,872		162,597,540
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		146,413				146,413
15. Totals		135,091,478		70,071,803		205,163,282
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	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount		
16. Unpaid December 31, prior year .....	.55	1,622,451			6	27,394			.61	1,649,845
17. Incurred during current year	516	10,965,681			9	1,473,232			525	12,438,912
Settled during current year:										
18.1 By payment in full	504	11,420,618			15	1,500,626			519	12,921,244
18.2 By payment on compromised claims					15	1,500,626			519	12,921,244
18.3 Totals paid	504	11,420,618			15	1,500,626			519	12,921,244
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	504	11,420,618			15	1,500,626			519	12,921,244
19. Unpaid Dec. 31, current year (16+17-18.6)	67	1,167,513							67	1,167,513
POLICY EXHIBIT			No. of Policies							
20. In force December 31, prior year	33,803	2,996,460,963		(a)	260	481,863,926			34,063	3,478,324,889
21. Issued during year .....	.25	13,717,419			.30	58,350,000			.55	72,067,419
22. Other changes to in force (Net)	(2,053)	(197,704,551)			(20)	(133,898,051)			(2,073)	(331,602,602)
23. In force December 31 of current year	31,775	2,812,473,831		(a)	270	406,315,875			32,045	3,218,789,706

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,620,179	2,620,340		.650,738	.647,538
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)	848,459	848,459		.532,868	.532,868
25.3 Non-renewable for stated reasons only (b)	603	603			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.849,062	.849,062		.532,868	.532,868
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,469,241	3,469,402		1,183,607	1,180,407

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 529 and number of persons insured under indemnity only products 181 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0140

DURING THE YEAR 2014

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		9,501,119		34,272,494		43,773,614
2. Annuity considerations		57,577,343				57,577,343
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		242,061,747		66,331,619		308,393,366
5. Totals (Sum of Lines 1 to 4)		309,140,210		100,604,114		409,744,324
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		275,070		36		275,106
6.2 Applied to pay renewal premiums		404,718		15		404,733
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		535,888		16		535,903
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,215,676		66		1,215,743
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		178				178
7.3 Other		6,103				6,103
7.4 Totals (Sum of Lines 7.1 to 7.3)		6,281				6,281
8. Grand Totals (Lines 6.5 plus 7.4)		1,221,957		66		1,222,024
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		4,385,726		600,554		4,986,281
10. Matured endowments		75,956				75,956
11. Annuity benefits		41,154,307		8,975,348		50,129,655
12. Surrender values and withdrawals for life contracts		167,972,251		73,354,684		241,326,935
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		33,571				33,571
15. Totals		213,621,811		82,930,586		296,552,397
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	29	844,488			7	16,487			36	.860,975
17. Incurred during current year .....	.86	4,380,726			27	575,554			113	4,956,281
Settled during current year:										
18.1 By payment in full .....	.94	4,856,667			30	585,013			124	5,441,680
18.2 By payment on compromised claims					30	585,013			124	5,441,680
18.3 Totals paid .....	.94	4,856,667			30	585,013			124	5,441,680
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.94	4,856,667			30	585,013			124	5,441,680
19. Unpaid Dec. 31, current year (16+17-18.6)	21	368,547			4	7,029			25	375,576
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8,332	1,499,816,052	(a)			684	568,410,352		9,016	2,068,226,404
21. Issued during year .....	.61	50,221,938				.57	62,379,736		118	112,601,674
22. Other changes to in force (Net)	(477)	(117,906,701)				85	.37,151,891		(392)	(80,754,810)
23. In force December 31 of current year	7,916	1,432,131,289	(a)		826	667,941,979			8,742	2,100,073,268

(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)	11,698,095	11,212,875		5,825,710	6,335,735
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)	1,553	1,553			
25.2 Guaranteed renewable (b)	11,868	11,868		6,454	6,454
25.3 Non-renewable for stated reasons only (b)	199	199			
25.4 Other accident only					
25.5 All other (b) .....	.87	.87			
25.6 Totals (sum of Lines 25.1 to 25.5)	13,707	13,707		6,454	6,454
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,711,802	11,226,582		5,832,164	6,342,189

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7,099 and number of persons insured under indemnity only products 49.



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0140

DURING THE YEAR 2014

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		18,853,827		7,586,371		26,440,199
2. Annuity considerations		18,858,778				18,858,778
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		163,804,875		99,127,316		262,932,192
5. Totals (Sum of Lines 1 to 4)		201,517,480		106,713,688		308,231,168
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		187,294		41		187,335
6.2 Applied to pay renewal premiums		133,929				133,929
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		314,303		35		314,338
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		635,526		76		635,602
Annuities:						
7.1 Paid in cash or left on deposit						26
7.2 Applied to provide paid-up annuities		26				
7.3 Other		23,305				23,305
7.4 Totals (Sum of Lines 7.1 to 7.3)		23,331				23,331
8. Grand Totals (Lines 6.5 plus 7.4)		658,857		76		658,933
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		11,350,943		1,081,050		12,431,992
10. Matured endowments		16,476				16,476
11. Annuity benefits		17,874,233		15,240,530		33,114,764
12. Surrender values and withdrawals for life contracts		127,256,078		128,681,140		255,937,217
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		19,934				19,934
15. Totals		156,517,664		145,002,719		301,520,383
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	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	13	620,440			6	27,449			19	.647,889
17. Incurred during current year	134	11,203,591			10	21,043			144	11,224,633
Settled during current year:										
18.1 By payment in full	132	11,400,517			14	45,085			146	11,445,602
18.2 By payment on compromised claims										
18.3 Totals paid	132	11,400,517			14	45,085			146	11,445,602
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	132	11,400,517			14	45,085			146	11,445,602
19. Unpaid Dec. 31, current year (16+17-18.6)	15	423,514			2	3,407			17	426,920
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13,144	3,147,710,386	(a)			144	357,737,841		13,288	3,505,448,227
21. Issued during year	12	5,726,000			8	4,000,000			20	9,726,000
22. Other changes to in force (Net)	(936)	(301,796,014)				(1)	(203,785,513)		(937)	(505,581,527)
23. In force December 31 of current year	12,220	2,851,640,372	(a)		151	157,952,329			12,371	3,009,592,700

(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)	3,567,809	3,424,909		1,747,969	1,685,753
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)	35,630	35,630		30,372	30,372
25.3 Non-renewable for stated reasons only (b)	762	762			
25.4 Other accident only					
25.5 All other (b)	1,361	1,361			
25.6 Totals (sum of Lines 25.1 to 25.5)	37,752	37,752		30,372	30,372
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,605,562	3,462,662		1,778,341	1,716,125

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,441 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0140

DURING THE YEAR 2014

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		6,035,885		18,795,986		24,831,871
2. Annuity considerations		7,245,826		25,706		7,271,532
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		73,068,256		41,893,692		114,961,948
5. Totals (Sum of Lines 1 to 4)		86,349,968		60,715,384		147,065,351
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		260,685				260,685
6.2 Applied to pay renewal premiums		325,015				325,015
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		346,588				346,588
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		932,288				932,288
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		455				455
7.3 Other		25,841				25,841
7.4 Totals (Sum of Lines 7.1 to 7.3)		26,296				26,296
8. Grand Totals (Lines 6.5 plus 7.4)		958,584				958,584
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		21,116,772		60,982		21,177,753
10. Matured endowments		25,967				25,967
11. Annuity benefits		8,405,010		11,293,259		19,698,270
12. Surrender values and withdrawals for life contracts		83,528,781		77,463,157		160,991,939
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		478				478
15. Totals		113,077,009		88,817,399		201,894,407
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	8	147,713			4	.6,904			12	154,617
17. Incurred during current year .....	.95	21,102,058			8	10,982			103	21,113,040
Settled during current year:										
18.1 By payment in full .....	.89	21,091,127			8	12,940			.97	21,104,066
18.2 By payment on compromised claims										
18.3 Totals paid .....	.89	21,091,127			8	12,940			.97	21,104,066
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.89	21,091,127			8	12,940			.97	21,104,066
19. Unpaid Dec. 31, current year (16+17-18.6)	14	158,645			4	4,946			18	163,591
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,191	1,277,869,649	(a)			802	1,092,776,433		6,993	2,370,646,081
21. Issued during year .....	.11	5,000,000				232	184,364,784		243	189,364,784
22. Other changes to in force (Net)	12,336	-(80,101,829)				(16)	(43,454,174)		12,320	-(123,556,003)
23. In force December 31 of current year	18,538	1,202,767,819	(a)			1,018	1,233,687,043		19,556	2,436,454,862

(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)	1,615,366	1,369,080		1,189,536	1,205,498
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)	25,559	25,559		20,619	20,619
25.3 Non-renewable for stated reasons only (b)	619	619			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	26,178	26,178		20,619	20,619
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,641,543	1,395,258		1,210,155	1,226,118

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 864 and number of persons insured under indemnity only products 38 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0140

DURING THE YEAR 2014

NAIC Company Code 66869

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	Total
1. Life insurance	3,511,676		69,207		3,580,883
2. Annuity considerations	584,379		1		584,380
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	17,950,751		6,644,225		24,594,977
5. Totals (Sum of Lines 1 to 4)	22,046,807		6,713,433		28,760,240
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	56,705				56,705
6.2 Applied to pay renewal premiums	33,304				33,304
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	94,278				94,278
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	184,287				184,287
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other	470				470
7.4 Totals (Sum of Lines 7.1 to 7.3)	470				470
8. Grand Totals (Lines 6.5 plus 7.4)	184,758				184,758
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,486,887		38,557		1,525,444
10. Matured endowments					
11. Annuity benefits	2,200,195		472,853		2,673,048
12. Surrender values and withdrawals for life contracts	12,839,329		4,280,115		17,119,444
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	34,536				34,536
15. Totals	16,560,948		4,791,524		21,352,472
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 Ordinary	2 No.	3 Credit Life (Group and Individual)	4 No. of Ind.Pols. & Gr. Certifs.	5 Group	6 No. of Certifs.	7 Industrial	8 Amount	9 Total	10 Amount
	No.	Amount	Amount	Amount	No.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	162,142							4	162,142
17. Incurred during current year	38	1,486,887			6	18,557			44	1,505,444
Settled during current year:										
18.1 By payment in full	37	1,506,562			6	18,557			43	1,525,119
18.2 By payment on compromised claims										
18.3 Totals paid	37	1,506,562			6	18,557			43	1,525,119
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	37	1,506,562			6	18,557			43	1,525,119
19. Unpaid Dec. 31, current year (16+17-18.6)	5	142,467							5	142,467
POLICY EXHIBIT										
20. In force December 31, prior year	3,575	395,834,192		(a)	1	23,517,595			3,576	419,351,787
21. Issued during year	42	12,750,000							42	12,750,000
22. Other changes to in force (Net)	(188)	(19,574,415)			(1)	(20,220,027)			(189)	(39,794,443)
23. In force December 31 of current year	3,429	389,009,777		(a)		3,297,568			3,429	392,307,345

(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)	465,529	464,526		270,118	273,859
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)	111,478	111,478		40,643	40,643
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)	111,478	111,478		40,643	40,643
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	577,007	576,004		310,761	314,503

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 315 and number of persons insured under indemnity only products 16 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0140

DURING THE YEAR 2014

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		6,173,513		10,216,158		16,389,671
2. Annuity considerations		8,792,180				8,792,180
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		70,554,687		44,003,538		114,558,225
5. Totals (Sum of Lines 1 to 4)		85,520,380		54,219,696		139,740,076
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		90,428		(14)		90,414
6.2 Applied to pay renewal premiums		68,660				68,660
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		177,982		7		177,989
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		337,070		(7)		337,063
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		10,128				10,128
7.4 Totals (Sum of Lines 7.1 to 7.3)		10,128				10,128
8. Grand Totals (Lines 6.5 plus 7.4)		347,198		(7)		347,191
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,989,372		.85,193		2,074,565
10. Matured endowments		12,000				12,000
11. Annuity benefits		11,046,207		3,548,840		14,595,047
12. Surrender values and withdrawals for life contracts		61,202,755		54,185,765		115,388,520
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		14,593				14,593
15. Totals		74,264,927		57,819,799		132,084,726
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)		5	6	7	8	9	Total
	No.	Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	.91,808			5	27,282			15	.119,090
17. Incurred during current year .....	.45	1,970,564			17	37,750			62	2,008,314
Settled during current year:										
18.1 By payment in full .....	.42	1,863,954			18	59,319			.60	1,923,274
18.2 By payment on compromised claims										
18.3 Totals paid .....	.42	1,863,954			18	59,319			.60	1,923,274
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.42	1,863,954			18	59,319			.60	1,923,274
19. Unpaid Dec. 31, current year (16+17-18.6)	13	198,418			4	5,713			17	204,131
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,568	.650,631,205	(a)		201	260,710,890			3,769	911,342,095
21. Issued during year	108	110,847,981			29	28,117,692			137	138,965,673
22. Other changes to in force (Net) .....	.9,769	-(78,616,796)				(44,947,905)			.9,769	-(123,564,701)
23. In force December 31 of current year	13,445	682,862,390	(a)		230	243,880,677			13,675	926,743,067

(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)	3,517,118	3,293,009		1,579,010	1,489,331
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)	6,610	6,610		19,219	19,219
25.3 Non-renewable for stated reasons only (b)	81	81			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,690	6,690		19,219	19,219
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,523,808	3,299,700		1,598,229	1,508,551

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,063 and number of persons insured under indemnity only products 36 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0140

DURING THE YEAR 2014

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	389,732			7,747		,397,479
2. Annuity considerations	2,589,137					2,589,137
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	5,768,956			4,972,135		10,741,091
5. Totals (Sum of Lines 1 to 4)	8,747,824			4,979,883		13,727,707
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	11,275					11,275
6.2 Applied to pay renewal premiums	11,932					11,932
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	34,050					34,050
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	57,258					57,258
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	440					440
7.4 Totals (Sum of Lines 7.1 to 7.3)	440					440
8. Grand Totals (Lines 6.5 plus 7.4)	57,698					57,698
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	90,171			.41		90,212
10. Matured endowments	1,000					1,000
11. Annuity benefits	1,511,991			1,234,903		2,746,893
12. Surrender values and withdrawals for life contracts	6,775,348			5,958,648		12,733,997
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	4,773					4,773
15. Totals	8,383,283			7,193,592		15,576,875
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	2	6,210			2	5,005			4	11,215
17. Incurred during current year	6	90,171				.41			6	90,212
Settled during current year:										
18.1 By payment in full	7	91,881			1	2,046			8	93,927
18.2 By payment on compromised claims										
18.3 Totals paid	7	91,881			1	2,046			8	93,927
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	91,881			1	2,046			8	93,927
19. Unpaid Dec. 31, current year (16+17-18.6)	1	4,500			1	3,000			2	7,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	603	87,835,046	(a)		1	4,464,570			604	92,299,616
21. Issued during year										
22. Other changes to in force (Net)	(23)	(6,005,825)				(3,963,303)			(23)	(9,969,128)
23. In force December 31 of current year	580	81,829,221	(a)		1	501,267			581	82,330,488

(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)	52,967	52,301		.71,051	72,051
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)	6,154	6,154		8,580	8,580
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,154	6,154		8,580	8,580
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	59,121	58,454		79,632	80,632

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 74 and number of persons insured under indemnity only products 3 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0140

DURING THE YEAR 2014

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		819,512		11,934		831,445
2. Annuity considerations		1,142,630				1,142,630
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		22,305,788		15,361,520		37,667,308
5. Totals (Sum of Lines 1 to 4)		24,267,930		15,373,453		39,641,383
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		30,806		20		30,827
6.2 Applied to pay renewal premiums		18,231				18,231
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		63,023				63,023
6.4 Other				20		
6.5 Totals (Sum of Lines 6.1 to 6.4)		112,061				112,081
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		2,637				2,637
7.4 Totals (Sum of Lines 7.1 to 7.3)		2,637				2,637
8. Grand Totals (Lines 6.5 plus 7.4)		114,698		20		114,718
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		115,033		2,180		117,213
10. Matured endowments						
11. Annuity benefits		3,872,449		1,415,682		5,288,131
12. Surrender values and withdrawals for life contracts		17,728,880		14,264,142		31,993,022
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....		.4				.4
15. Totals		21,716,366		15,682,004		37,398,370
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	4,720							3	4,720
17. Incurred during current year	11	115,033			1	2,180			12	117,213
Settled during current year:										
18.1 By payment in full	12	118,312			1	2,180			13	120,492
18.2 By payment on compromised claims					1	2,180				
18.3 Totals paid	12	118,312			1	2,180			13	120,492
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	118,312			1	2,180			13	120,492
19. Unpaid Dec. 31, current year (16+17-18.6)	2	1,441							2	1,441
POLICY EXHIBIT										
20. In force December 31, prior year	869	141,962,741	(a)	1	No. of Policies	120,933,646		870	262,896,388	
21. Issued during year	1	375,000								
22. Other changes to in force (Net)	(52)	(8,362,068)			(1)	(120,832,214)			(53)	(129,194,283)
23. In force December 31 of current year	818	133,975,673	(a)			101,432			818	134,077,105

(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)	677,052	1,093,564		761,182	.754,090
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)	34	.34			
25.3 Non-renewable for stated reasons only (b)	2,562	2,562			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,597	2,597			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	679,649	1,096,161		761,182	.754,090

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 937 and number of persons insured under indemnity only products 12 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0140

DURING THE YEAR 2014

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	1,934,489			24,167		1,958,656
2. Annuity considerations	4,112,117					4,112,117
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	34,388,932			6,970,780		.41,359,711
5. Totals (Sum of Lines 1 to 4)	40,435,537			6,994,947		47,430,483
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	48,268					48,268
6.2 Applied to pay renewal premiums	39,697					39,697
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	47,557					47,557
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	135,522					135,522
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	1,831					1,831
7.4 Totals (Sum of Lines 7.1 to 7.3)	1,831					1,831
8. Grand Totals (Lines 6.5 plus 7.4)	137,353					137,353
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	1,213,302			5,542		1,218,844
10. Matured endowments	1,101					1,101
11. Annuity benefits	3,278,920			360,237		3,639,156
12. Surrender values and withdrawals for life contracts	27,967,349			8,217,263		36,184,612
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	702					702
15. Totals	32,461,374			8,583,042		41,044,416
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	5	.29,163			3	.3,697			8	.32,860
17. Incurred during current year	16	1,213,302			2	.5,542			18	1,218,844
Settled during current year:										
18.1 By payment in full	18	1,236,160			4	.8,565			22	1,244,725
18.2 By payment on compromised claims										
18.3 Totals paid	18	1,236,160			4	.8,565			22	1,244,725
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	18	1,236,160			4	.8,565			22	1,244,725
19. Unpaid Dec. 31, current year (16+17-18.6)	3	6,306			1	674			4	6,980
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,349	.387,283,191	(a)		.51	12,518,205			1,400	399,801,395
21. Issued during year										
22. Other changes to in force (Net)	(31)	-(18,357,001)			(50)	-(12,105,189)			(81)	(30,462,189)
23. In force December 31 of current year	1,318	368,926,190	(a)		1	413,016			1,319	369,339,206

(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)	717,441	682,126		1,168,391	1,166,297
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)	1,806	1,806		176	176
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)	1,806	1,806		176	176
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	719,247	683,932		1,168,567	1,166,472

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 730 and number of persons insured under indemnity only products 21 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0140

DURING THE YEAR 2014

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		2,650,468		11,616		2,662,084
2. Annuity considerations		5,539,298				5,539,298
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		36,533,542		4,401,298		40,934,840
5. Totals (Sum of Lines 1 to 4)		44,723,309		4,412,914		49,136,222
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....		.78,136				.78,136
6.2 Applied to pay renewal premiums		85,699				85,699
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		110,804				110,804
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		274,640				274,640
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		5,537				5,537
7.4 Totals (Sum of Lines 7.1 to 7.3)		5,537				5,537
8. Grand Totals (Lines 6.5 plus 7.4)		280,176				280,176
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		965,252		11,711		.976,962
10. Matured endowments						
11. Annuity benefits		4,202,715		984,097		5,186,812
12. Surrender values and withdrawals for life contracts		23,945,599		42,997,130		66,942,729
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		6,228				.6,228
15. Totals		29,119,793		43,992,938		73,112,731
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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	5	.31,877			4	.5,844			9	.37,721
17. Incurred during current year .....	.34	965,252			6	11,711			.40	.976,962
Settled during current year:										
18.1 By payment in full .....	.35	955,333			10	17,555			.45	.972,887
18.2 By payment on compromised claims										
18.3 Totals paid .....	.35	955,333			10	17,555			.45	.972,887
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.35	955,333			10	17,555			.45	.972,887
19. Unpaid Dec. 31, current year (16+17-18.6)	4	41,796							4	41,796
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,265	.450,856,984	(a)		3	9,735,002			3,268	.460,591,986
21. Issued during year										
22. Other changes to in force (Net)	(177)	-(32,943,014)				(8,318,906)			(177)	(41,261,920)
23. In force December 31 of current year	3,088	417,913,969	(a)		3	1,416,097			3,091	419,330,066

(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)	3,143,073	3,144,693		1,656,551	1,679,051
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)	6,228	6,228		14,723	14,723
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,228	6,228		14,723	14,723
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,149,301	3,150,922		1,671,274	1,693,775

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 217 and number of persons insured under indemnity only products 4 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0140

DURING THE YEAR 2014

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	31,805,077			26,876,068		58,681,144
2. Annuity considerations	26,909,103			64,375		26,973,478
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	263,895,798			98,693,054		362,588,851
5. Totals (Sum of Lines 1 to 4)	322,609,977			125,633,497		448,243,474
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	936,703			140		.936,844
6.2 Applied to pay renewal premiums	1,231,342					1,231,342
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,492,503			(13)		1,492,490
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,660,548			127		3,660,675
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities	148					148
7.3 Other	14,093					14,093
7.4 Totals (Sum of Lines 7.1 to 7.3)	14,241					14,241
8. Grand Totals (Lines 6.5 plus 7.4)	3,674,789			127		3,674,916
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	20,407,957			786,154		21,194,110
10. Matured endowments	154,009					154,009
11. Annuity benefits	23,371,664			19,598,673		42,970,338
12. Surrender values and withdrawals for life contracts	190,168,072			149,012,687		339,180,759
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	189,238			1,003		.190,241
15. Totals	234,290,940			169,398,517		403,689,457
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 .....	.57	1,788,169			7	36,766			.64	1,824,935
17. Incurred during current year	297	19,444,562			54	762,554			351	20,207,115
Settled during current year:										
18.1 By payment in full	312	18,763,960			58	186,852			370	18,950,813
18.2 By payment on compromised claims										
18.3 Totals paid	312	18,763,960			58	186,852			370	18,950,813
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	312	18,763,960			58	186,852			370	18,950,813
19. Unpaid Dec. 31, current year (16+17-18.6)	42	2,468,771			3	612,467			45	3,081,238
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	23,936	4,899,891,554				276	294,346,102		24,212	5,194,237,656
21. Issued during year	60	72,841,320				83	52,295,410		143	125,136,730
22. Other changes to in force (Net)	4,851	(351,394,640)				(52)	(35,917,217)		4,799	(387,311,857)
23. In force December 31 of current year	28,847	4,621,338,235				307	310,724,294		29,154	4,932,062,529

(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)	12,229,186	12,222,708		10,319,231	.10,276,031
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)	31,302	31,302		21,291	21,291
25.3 Non-renewable for stated reasons only (b)	277	277			
25.4 Other accident only					
25.5 All other (b)	63	.63			
25.6 Totals (sum of Lines 25.1 to 25.5)	31,918	31,918		23,691	23,691
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,261,104	12,254,626		10,342,921	10,299,721

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,509 and number of persons insured under indemnity only products 161 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0140

DURING THE YEAR 2014

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		554,250		18,406		572,656
2. Annuity considerations		1,832,244		1		1,832,245
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		28,004,953		4,623,139		32,628,091
5. Totals (Sum of Lines 1 to 4)		30,391,447		4,641,546		35,032,993
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		33,080				33,080
6.2 Applied to pay renewal premiums		27,012				27,012
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		48,171		40		48,211
6.4 Other					40	
6.5 Totals (Sum of Lines 6.1 to 6.4)		108,264				108,304
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		249				249
7.4 Totals (Sum of Lines 7.1 to 7.3)		249				249
8. Grand Totals (Lines 6.5 plus 7.4)		108,512		40		108,552
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		185,352		19,584		204,936
10. Matured endowments		5,000				5,000
11. Annuity benefits		2,849,134		1,360,958		4,210,093
12. Surrender values and withdrawals for life contracts		23,537,289		10,923,479		34,460,768
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		26,581,293		12,304,022		38,885,315
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	7	19,340			2	.3,107			9	22,447
17. Incurred during current year	16	185,352			5	19,584			21	204,936
Settled during current year:										
18.1 By payment in full	16	179,037			5	21,868			21	200,905
18.2 By payment on compromised claims										
18.3 Totals paid	16	179,037			5	21,868			21	200,905
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	179,037			5	21,868			21	200,905
19. Unpaid Dec. 31, current year (16+17-18.6)	7	25,655			2	823			9	26,478
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,000	114,949,646	(a)			8,468,776			1,000	123,418,422
21. Issued during year	1	658,421							1	658,421
22. Other changes to in force (Net)	(49)	(6,690,000)				(7,597,074)			(49)	(14,287,074)
23. In force December 31 of current year	952	108,918,067	(a)			871,702			952	109,789,769

(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)	359,016	380,516		265,866	230,766
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			
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			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	359,100	380,600		265,866	230,766

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 173 and number of persons insured under indemnity only products 5 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0140

DURING THE YEAR 2014

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	132,844,609			4,227,851		137,072,461
2. Annuity considerations	78,542,584			.91,384		78,633,968
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	894,883,197			173,851,139		1,068,734,336
5. Totals (Sum of Lines 1 to 4)	1,106,270,391			178,170,374		1,284,440,764
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,425,389			.47		1,425,436
6.2 Applied to pay renewal premiums	1,556,047			.50		1,556,097
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,237,329			.44		3,237,373
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	6,218,765			.141		6,218,906
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	5,915					5,915
7.4 Totals (Sum of Lines 7.1 to 7.3)	5,915					5,915
8. Grand Totals (Lines 6.5 plus 7.4)	6,224,680			.141		6,224,821
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	40,541,051			2,293,190		42,834,240
10. Matured endowments	141,114					141,114
11. Annuity benefits	93,388,045			56,256,300		149,644,345
12. Surrender values and withdrawals for life contracts	704,743,652			359,841,767		1,064,585,419
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	533,160			.31,143		.564,303
15. Totals	839,347,022			418,422,399		1,257,769,421
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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	141	3,299,214			.31	238,137			.172	3,537,350
17. Incurred during current year	899	39,025,121			.83	2,181,331			.982	41,206,453
Settled during current year:										
18.1 By payment in full	865	39,299,073			.89	1,983,457			.954	41,282,530
18.2 By payment on compromised claims										
18.3 Totals paid	865	39,299,073			.89	1,983,457			.954	41,282,530
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	865	39,299,073			.89	1,983,457			.954	41,282,530
19. Unpaid Dec. 31, current year (16+17-18.6)	175	3,025,262			.25	436,011			.200	3,461,273
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	81,339	14,016,525,186	(a)		1,790	1,012,390,764			.83,129	15,028,915,950
21. Issued during year	3,661	1,614,410,327							.3,661	1,614,410,327
22. Other changes to in force (Net)	(5,371)	(827,799,263)			(108)	(186,195,059)			(5,479)	(1,013,994,322)
23. In force December 31 of current year	79,629	14,803,136,250	(a)		1,682	826,195,705			.81,311	15,629,331,955

(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)	21,990,511	.19,083,513		.11,239,131	.12,183,181
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	41	.41		.1,350	.1,350
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	848,581	.848,581		.3,477,852	.3,477,856
25.2 Guaranteed renewable (b)	312,792	.312,792		.421,502	.421,502
25.3 Non-renewable for stated reasons only (b) .....	.30,231	.30,231			
25.4 Other accident only					
25.5 All other (b)	1,861	.1,861			
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.1,193,464	.1,193,464		.3,899,354	.3,899,358
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,184,016	20,277,018		.15,139,835	.16,083,889

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 16,266 and number of persons insured under indemnity only products 529 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0140

DURING THE YEAR 2014

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		41,836,395		23,550,361		65,386,756
2. Annuity considerations		19,361,450				19,361,450
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		152,001,582		20,060,049		172,061,631
5. Totals (Sum of Lines 1 to 4)		213,199,427		43,610,410		256,809,837
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		774,459		2,372		.776,831
6.2 Applied to pay renewal premiums		584,522				584,522
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,284,287		18		1,284,304
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,643,267		2,390		2,645,657
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		67				.67
7.3 Other		6,980				6,980
7.4 Totals (Sum of Lines 7.1 to 7.3)		7,047				7,047
8. Grand Totals (Lines 6.5 plus 7.4)		2,650,314		2,390		2,652,704
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		23,272,209		339,215		23,611,424
10. Matured endowments		78,631				78,631
11. Annuity benefits		21,143,268		7,057,806		28,201,073
12. Surrender values and withdrawals for life contracts		141,302,801		44,020,008		185,322,809
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		336,236				.336,236
15. Totals		186,133,145		51,417,029		237,550,174
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 .....	.73	1,838,244			1	353,146			.74	2,191,389
17. Incurred during current year	718	23,252,209			8	(3,141)			726	23,249,068
Settled during current year:										
18.1 By payment in full	708	23,755,792			5	32,334			713	23,788,126
18.2 By payment on compromised claims										
18.3 Totals paid	708	23,755,792			5	32,334			713	23,788,126
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	708	23,755,792			5	32,334			713	23,788,126
19. Unpaid Dec. 31, current year (16+17-18.6)	83	1,334,661			4	317,671			87	1,652,332
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	52,595	5,895,665,484	(a)		745	1,473,672,521			53,340	7,369,338,004
21. Issued during year .....	.81	129,628,374			91	74,605,700			172	204,234,074
22. Other changes to in force (Net)	(2,930)	(389,018,440)			76	(364,338,211)			(2,854)	(753,356,650)
23. In force December 31 of current year	49,746	5,636,275,418	(a)		912	1,183,940,010			50,658	6,820,215,428

(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)	6,899,375	7,138,825		.4,402,520	4,432,524
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)	37,850	.37,850		132,510	132,510
25.2 Guaranteed renewable (b)	1,239,804	1,239,804		1,114,302	1,114,302
25.3 Non-renewable for stated reasons only (b)	6,381	.6,381			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,284,035	1,284,035		1,246,811	1,246,811
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,183,499	8,422,949		5,649,332	5,679,336

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 883 and number of persons insured under indemnity only products 58 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0140

DURING THE YEAR 2014

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		27,380,141		3,202		27,383,343
2. Annuity considerations		272,457				272,457
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		4,546,264		12,430,135		16,976,399
5. Totals (Sum of Lines 1 to 4)		32,198,862		12,433,337		44,632,199
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		2,946				2,946
6.2 Applied to pay renewal premiums		4,265				4,265
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		7,842				7,842
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		15,053				15,053
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		1,169				1,169
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,169				1,169
8. Grand Totals (Lines 6.5 plus 7.4)		16,221				16,221
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,942,411				1,942,411
10. Matured endowments						
11. Annuity benefits		293,517		1,833,414		2,126,930
12. Surrender values and withdrawals for life contracts		4,131,516		8,930,920		13,062,436
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		2				2
15. Totals		6,367,446		10,764,334		17,131,779
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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	1,942,411							4	1,942,411
Settled during current year:										
18.1 By payment in full	4	1,942,411			(1)				3	1,942,411
18.2 By payment on compromised claims										
18.3 Totals paid	4	1,942,411			(1)				3	1,942,411
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	1,942,411			(1)				3	1,942,411
19. Unpaid Dec. 31, current year (16+17-18.6)					1				1	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,277	822,921,146	(a)		19	21,881,344			1,296	844,802,490
21. Issued during year	397	179,769,106							397	179,769,106
22. Other changes to in force (Net)	(16)	(8,051,136)				(3,009,054)			(16)	(11,060,190)
23. In force December 31 of current year	1,658	994,639,115	(a)		19	18,872,291			1,677	1,013,511,406

(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)	90,460	97,232		22,017	28,856
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)	90,460	97,232		22,017	28,856
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 _____ 2 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0140

DURING THE YEAR 2014

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	32,378,647			22,815,838		55,194,485
2. Annuity considerations	34,165,214			2		34,165,216
3. Deposit-type contract funds	853,050,930		XXX			853,050,930
4. Other considerations	342,947,519			232,253,536		575,201,055
5. Totals (Sum of Lines 1 to 4)	1,262,542,310			255,069,376		1,517,611,686
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,038,885			3,406		1,042,291
6.2 Applied to pay renewal premiums	680,403					680,403
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,661,036					1,661,036
6.4 Other	(1,727,164)			(386)		(1,727,550)
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,653,160			3,020		1,656,180
Annuities:						
7.1 Paid in cash or left on deposit	2,883					2,883
7.2 Applied to provide paid-up annuities	106					106
7.3 Other	2,358					2,358
7.4 Totals (Sum of Lines 7.1 to 7.3)	5,347					5,347
8. Grand Totals (Lines 6.5 plus 7.4)	1,658,507			3,020		1,661,527
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	43,395,231			20,879,300		64,274,531
10. Matured endowments	208,559					208,559
11. Annuity benefits	47,473,483			117,380,752		164,854,235
12. Surrender values and withdrawals for life contracts	180,105,728			328,087,641		508,193,368
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	323,336			787,968		1,111,304
15. Totals	271,506,336			467,135,661		738,641,997
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	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount		
16. Unpaid December 31, prior year	128	9,492,209			13	327,473			141	9,819,682
17. Incurred during current year	1,460	43,660,634			4	6,190,543			1,464	49,851,177
Settled during current year:										
18.1 By payment in full	1,422	42,655,141			14	6,513,507			1,436	49,168,648
18.2 By payment on compromised claims										
18.3 Totals paid	1,422	42,655,141			14	6,513,507			1,436	49,168,648
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,422	42,655,141			14	6,513,507			1,436	49,168,648
19. Unpaid Dec. 31, current year (16+17-18.6)	166	10,497,702			3	4,509			169	10,502,211
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	89,066	9,017,008,823	(a)		560	5,078,603,061			89,626	14,095,611,884
21. Issued during year .....	.31	19,847,852							.31	19,847,852
22. Other changes to in force (Net)	(5,099)	(429,506,419)			(80)	(4,372,332,098)			(5,179)	(4,801,838,517)
23. In force December 31 of current year	83,998	8,607,350,256	(a)		480	706,270,963			84,478	9,313,621,219

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	24,742,384	24,070,292		12,345,795	20,500,084
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)		(31)		(1,408)	(1,500)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	340	311			(1,117)
25.2 Guaranteed renewable (b)	1,712,940	1,849,710		1,215,198	1,220,269
25.3 Non-renewable for stated reasons only (b)					8,145
25.4 Other accident only					
25.5 All other (b)					(308)
25.6 Totals (sum of Lines 25.1 to 25.5)	1,713,279	1,850,022		1,215,198	1,226,988
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,455,663	25,920,282		13,559,585	21,725,572

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,656 and number of persons insured under indemnity only products 117 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0140

DURING THE YEAR 2014

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		1,259,687		46,113		1,305,800
2. Annuity considerations		5,328,337				5,328,337
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		55,401,112		41,489,203		96,890,316
5. Totals (Sum of Lines 1 to 4)		61,989,136		41,535,316		103,524,453
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		38,979				38,979
6.2 Applied to pay renewal premiums		35,808				35,808
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		101,700				101,700
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		176,487				176,487
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		3,094				3,094
7.4 Totals (Sum of Lines 7.1 to 7.3)		3,094				3,094
8. Grand Totals (Lines 6.5 plus 7.4)		179,581				179,581
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,023,017		190,215		2,213,233
10. Matured endowments						
11. Annuity benefits		8,580,971		5,159,613		13,740,584
12. Surrender values and withdrawals for life contracts		31,406,694		37,582,540		68,989,235
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		6,859				6,859
15. Totals		42,017,542		42,932,369		84,949,911
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	10	66,568			7	12,402			17	78,970
17. Incurred during current year	30	1,984,542			16	140,215			46	2,124,757
Settled during current year:										
18.1 By payment in full	34	2,022,113			19	151,344			53	2,173,457
18.2 By payment on compromised claims										
18.3 Totals paid	34	2,022,113			19	151,344			53	2,173,457
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	34	2,022,113			19	151,344			53	2,173,457
19. Unpaid Dec. 31, current year (16+17-18.6)	6	28,997			4	1,274			10	30,270
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,362	181,052,164	(a)		22	12,282,958			1,384	193,335,123
21. Issued during year										
22. Other changes to in force (Net)	(70)	(14,348,786)			(21)	(10,023,432)			(91)	(24,372,218)
23. In force December 31 of current year	1,292	166,703,378	(a)		1	2,259,526			1,293	168,962,905

(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)	1,496,551	1,443,502		557,869	.515,945
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)	7,316	7,316		12,846	12,846
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,316	7,316		12,846	12,846
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,503,977	1,450,927		570,715	528,791

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 326 and number of persons insured under indemnity only products 13 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0140

DURING THE YEAR 2014

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		1,965,365		15,735		1,981,100
2. Annuity considerations		9,039,981				9,039,981
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		40,073,356		29,688,854		69,762,209
5. Totals (Sum of Lines 1 to 4)		51,078,702		29,704,589		80,783,291
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		102,819				102,819
6.2 Applied to pay renewal premiums		109,404		13		109,417
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		114,377				114,377
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		326,599		13		326,612
Annuities:						
7.1 Paid in cash or left on deposit						38
7.2 Applied to provide paid-up annuities		38				
7.3 Other		5,717				5,717
7.4 Totals (Sum of Lines 7.1 to 7.3)		5,755				5,755
8. Grand Totals (Lines 6.5 plus 7.4)		332,354		13		332,367
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		879,189		(208,383)		.670,807
10. Matured endowments		1,187				1,187
11. Annuity benefits		10,989,570		2,751,827		13,741,397
12. Surrender values and withdrawals for life contracts		66,374,675		27,263,617		93,638,292
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		29,258				29,258
15. Totals		78,273,879		29,807,062		108,080,941
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	8	67,936			1	272,235			9	.340,171
17. Incurred during current year .....	.42	879,189			3	(263,483)			.45	.615,707
Settled during current year:										
18.1 By payment in full .....	.48	933,249			4	.8,752			.52	.942,001
18.2 By payment on compromised claims										
18.3 Totals paid .....	.48	933,249			4	.8,752			.52	.942,001
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.48	933,249			4	.8,752			.52	.942,001
19. Unpaid Dec. 31, current year (16+17-18.6)	2	13,876							2	13,876
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,215	285,384,750	(a)		37	.88,902,771			2,252	.374,287,521
21. Issued during year .....	.16	9,832,299							.16	9,832,299
22. Other changes to in force (Net)	(86)	(17,837,211)			(1)	(40,818,544)			(87)	(58,655,754)
23. In force December 31 of current year	2,145	277,379,838	(a)		36	48,084,228			2,181	325,464,066

(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)	1,633,065	1,492,126		.538,886	.546,872
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)	8,158	.8,158		4,241	4,241
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,158	.8,158		4,241	4,241
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,641,223	1,500,284		543,126	551,113

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 685 and number of persons insured under indemnity only products 9 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0140

DURING THE YEAR 2014

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	73,174,444		823,983		73,998,428
2. Annuity considerations	58,237,330				58,237,330
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	416,895,102		55,956,508		472,851,610
5. Totals (Sum of Lines 1 to 4)	548,306,876		56,780,492		605,087,368
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,421,395		49		2,421,445
6.2 Applied to pay renewal premiums	2,010,813		20		2,010,833
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,504,401		29		3,504,430
6.4 Other	(135,094)				(135,094)
6.5 Totals (Sum of Lines 6.1 to 6.4)	7,801,515		99		7,801,614
Annuities:					
7.1 Paid in cash or left on deposit					39
7.2 Applied to provide paid-up annuities	39				39
7.3 Other	59,141				59,141
7.4 Totals (Sum of Lines 7.1 to 7.3)	59,180				59,180
8. Grand Totals (Lines 6.5 plus 7.4)	7,860,695		99		7,860,794
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	55,239,886		1,173,816		56,413,702
10. Matured endowments	321,543				321,543
11. Annuity benefits	53,016,098		16,878,707		69,894,805
12. Surrender values and withdrawals for life contracts	294,924,301		97,111,596		392,035,897
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	575,897				575,897
15. Totals	404,077,724		115,164,119		519,241,843
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	179	12,379,112		14	129,467		193	12,508,579		
17. Incurred during current year	1,735	54,691,253		97	351,503			1,832	55,042,756	
Settled during current year:										
18.1 By payment in full	1,710	57,809,212		94	435,993			1,804	58,245,205	
18.2 By payment on compromised claims										
18.3 Totals paid	1,710	57,809,212		94	435,993			1,804	58,245,205	
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,710	57,809,212		94	435,993			1,804	58,245,205	
19. Unpaid Dec. 31, current year (16+17-18.6)	204	9,261,153			17	44,977			221	9,306,130
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	110,573	9,101,695,326	(a)	509	1,020,611,701			111,082	10,122,307,027	
21. Issued during year	49	29,245,308						49	29,245,308	
22. Other changes to in force (Net)	(5,993)	(520,475,323)		(10)	(461,124,475)			(6,003)	(981,599,798)	
23. In force December 31 of current year	104,629	8,610,465,311	(a)	499	559,487,226			105,128	9,169,952,537	

(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)	10,295,168	9,745,727		6,226,422	6,143,642
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)				50,597	50,597
25.2 Guaranteed renewable (b)	1,203,153	1,203,153		902,925	902,925
25.3 Non-renewable for stated reasons only (b)	2,515	2,515		12,194	12,194
25.4 Other accident only					
25.5 All other (b)	1,186	1,186			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,206,854	1,206,854		965,716	965,716
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,502,022	10,952,581		7,192,137	7,109,357

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,430 and number of persons insured under indemnity only products 125 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

NAIC Group Code 0140

DURING THE YEAR 2014

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	3,834,074			15,294		3,849,368
2. Annuity considerations	3,832,177					3,832,177
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations	26,939,034			5,036,294		31,975,328
5. Totals (Sum of Lines 1 to 4)	34,605,285			5,051,588		39,656,873
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	175,413					175,413
6.2 Applied to pay renewal premiums	144,232					144,232
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	243,008					243,008
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	562,653					562,653
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	940					940
7.4 Totals (Sum of Lines 7.1 to 7.3)	940					940
8. Grand Totals (Lines 6.5 plus 7.4)	563,594					563,594
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	2,873,845					2,873,845
10. Matured endowments	55,987					55,987
11. Annuity benefits	3,461,560			1,288,281		4,749,841
12. Surrender values and withdrawals for life contracts	29,101,842			7,242,934		36,344,776
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	44,838					44,838
15. Totals	35,538,071			8,531,215		44,069,286
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	7	24,984			1	2,373			8	27,357
17. Incurred during current year .....	.73	2,873,845			2				.75	2,873,845
Settled during current year:										
18.1 By payment in full .....	.73	2,847,465			3	2,373			.76	2,849,838
18.2 By payment on compromised claims										
18.3 Totals paid .....	.73	2,847,465			3	2,373			.76	2,849,838
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.73	2,847,465			3	2,373			.76	2,849,838
19. Unpaid Dec. 31, current year (16+17-18.6)	7	51,364							7	51,364
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,401	643,418,946	(a)		10	9,458,934			6,411	652,877,880
21. Issued during year										
22. Other changes to in force (Net)	(345)	(30,700,718)			(6)	(7,996,939)			(351)	(38,697,656)
23. In force December 31 of current year	6,056	612,718,228	(a)		4	1,461,996			6,060	614,180,224

(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)	14,834,650	13,659,348		10,908,081	11,154,437
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)	8,905	8,905			
25.2 Guaranteed renewable (b)	48,965	48,965		82,649	82,649
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)	57,984	57,984		82,649	82,649
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,892,634	13,717,331		10,990,731	11,237,086

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,102 and number of persons insured under indemnity only products 7 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0140

DURING THE YEAR 2014

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		6,990,480		143,060		7,133,540
2. Annuity considerations		8,319,067				8,319,067
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		62,007,302		12,385,498		74,392,800
5. Totals (Sum of Lines 1 to 4)		77,316,850		12,528,558		89,845,408
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		214,415		59		214,474
6.2 Applied to pay renewal premiums		145,559				145,559
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		356,992				356,992
6.4 Other				59		
6.5 Totals (Sum of Lines 6.1 to 6.4)		716,967		59		717,026
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		396				396
7.4 Totals (Sum of Lines 7.1 to 7.3)		396				396
8. Grand Totals (Lines 6.5 plus 7.4)		717,362		59		717,421
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,047,457		139,413		6,186,870
10. Matured endowments		20,403				20,403
11. Annuity benefits		9,304,059		1,750,891		11,054,951
12. Surrender values and withdrawals for life contracts		58,028,763		15,548,939		73,577,703
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		147,395				147,395
15. Totals		73,548,077		17,439,244		90,987,321
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	19	444,145							19	.444,145
17. Incurred during current year	197	6,022,457			1	.5,063			198	6,027,520
Settled during current year:										
18.1 By payment in full	187	5,949,363			1	.5,063			188	5,954,426
18.2 By payment on compromised claims										
18.3 Totals paid	187	5,949,363			1	.5,063			188	5,954,426
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	187	5,949,363			1	.5,063			188	5,954,426
19. Unpaid Dec. 31, current year (16+17-18.6)	29	517,239							29	517,239
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13,209	1,158,931,536	(a)		42	146,978,087			13,251	1,305,909,623
21. Issued during year	2	503,004							2	.503,004
22. Other changes to in force (Net)	(614)	-(56,125,232)			(25)	-(133,086,070)			(639)	-(189,211,302)
23. In force December 31 of current year	12,597	1,103,309,307	(a)		17	13,892,017			12,614	1,117,201,325

(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)	3,109,094	3,193,497		1,875,310	1,871,730
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)	312,484	312,484		242,068	242,068
25.3 Non-renewable for stated reasons only (b)	173	173			
25.4 Other accident only					
25.5 All other (b)	46	.46			
25.6 Totals (sum of Lines 25.1 to 25.5)	312,703	312,703		242,068	242,068
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,421,797	3,506,200		2,117,378	2,113,797

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 598 and number of persons insured under indemnity only products 15 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0140

DURING THE YEAR 2014

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	601,447			5,770		607,217
2. Annuity considerations	282,707					282,707
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	5,842,811			1,313,445		7,156,256
5. Totals (Sum of Lines 1 to 4)	6,726,965			1,319,215		8,046,180
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	6,860					6,860
6.2 Applied to pay renewal premiums	5,697					5,697
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	16,159					16,159
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	28,716					28,716
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other	343					343
7.4 Totals (Sum of Lines 7.1 to 7.3)	343					343
8. Grand Totals (Lines 6.5 plus 7.4)	29,059					29,059
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	128,550			10,664		139,214
10. Matured endowments						
11. Annuity benefits	1,371,549			555,416		1,926,965
12. Surrender values and withdrawals for life contracts	7,957,644			3,115,818		11,073,462
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health .....	.4					.4
15. Totals	9,457,747			3,681,898		13,139,645
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	1	1,075							1	1,075
17. Incurred during current year	2	128,550			6	10,664			8	139,214
Settled during current year:										
18.1 By payment in full	2	105,498			6	10,664			8	116,162
18.2 By payment on compromised claims										
18.3 Totals paid	2	105,498			6	10,664			8	116,162
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	105,498			6	10,664			8	116,162
19. Unpaid Dec. 31, current year (16+17-18.6)	1	24,128							1	24,128
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	564	146,149,151	(a)		2	6,468,188			566	152,617,339
21. Issued during year										
22. Other changes to in force (Net)	(21)	(7,727,276)				(6,176,297)			(21)	(13,903,572)
23. In force December 31 of current year	543	138,421,875	(a)	2		291,892			545	138,713,767

(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)	549,386	511,770		238,358	240,258
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)	549,386	511,770		238,358	240,258
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 231 and number of persons insured under indemnity only products 8 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0140

DURING THE YEAR 2014

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		6,375,026		172,515		6,547,541
2. Annuity considerations		15,444,211				15,444,211
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		117,172,325		60,694,411		177,866,736
5. Totals (Sum of Lines 1 to 4)		138,991,562		60,866,926		199,858,488
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		234,237				234,237
6.2 Applied to pay renewal premiums		281,080		31		281,111
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		466,995				466,995
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		982,312		31		982,343
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		5,514				5,514
7.4 Totals (Sum of Lines 7.1 to 7.3)		5,514				5,514
8. Grand Totals (Lines 6.5 plus 7.4)		987,826		31		987,856
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,240,297		162,298		5,402,595
10. Matured endowments		9,281				9,281
11. Annuity benefits		14,678,153		6,509,928		21,188,081
12. Surrender values and withdrawals for life contracts		87,622,427		70,475,306		158,097,733
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		75,840				75,840
15. Totals		107,625,998		77,147,532		184,773,529
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	15	247,432							15	.247,432
17. Incurred during current year	150	5,230,297			9	44,698			159	5,274,995
Settled during current year:										
18.1 By payment in full	143	4,690,608			8	39,639			151	4,730,248
18.2 By payment on compromised claims					8	39,639			151	4,730,248
18.3 Totals paid	143	4,690,608			8	39,639			151	4,730,248
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	143	4,690,608			8	39,639			151	4,730,248
19. Unpaid Dec. 31, current year (16+17-18.6)	22	787,120			1	5,059			23	792,179
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10,916	1,158,655,330	(a)		291	329,306,191			11,207	1,487,961,521
21. Issued during year	2	650,000							2	.650,000
22. Other changes to in force (Net)	(595)	(70,391,240)				(84,679,531)			(595)	(155,070,771)
23. In force December 31 of current year	10,323	1,088,914,090	(a)		291	244,626,660			10,614	1,333,540,750

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	2,387,160	2,314,512		1,094,941	1,108,001
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)	164,968	164,968		134,402	134,402
25.3 Non-renewable for stated reasons only (b)	414	414			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	165,382	165,382		134,402	134,402
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,552,542	2,479,895		1,229,343	1,242,403

(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 _____ 13 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0140

DURING THE YEAR 2014

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		36,516,809		24,211,503		60,728,312
2. Annuity considerations		30,613,504				30,613,504
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		312,558,588		184,326,948		496,885,536
5. Totals (Sum of Lines 1 to 4)		379,688,901		208,538,452		588,227,352
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		574,342				.574,342
6.2 Applied to pay renewal premiums		526,955				526,955
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		1,243,363		24		1,243,387
6.4 Other				24		
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,344,660				2,344,684
Annuities:						
7.1 Paid in cash or left on deposit						116
7.2 Applied to provide paid-up annuities		116				
7.3 Other		13,599				13,599
7.4 Totals (Sum of Lines 7.1 to 7.3)		13,715				13,715
8. Grand Totals (Lines 6.5 plus 7.4)		2,358,375		24		2,358,399
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		21,764,690		2,131,331		23,896,021
10. Matured endowments		63,772				63,772
11. Annuity benefits		35,920,349		20,066,032		55,986,381
12. Surrender values and withdrawals for life contracts		258,049,620		279,956,302		538,005,922
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		86,545				86,545
15. Totals		315,884,976		302,153,665		618,038,641
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 .....	.71	1,361,838							.71	1,361,839
17. Incurred during current year	225	21,715,276			3	1,822,312			228	23,537,588
Settled during current year:										
18.1 By payment in full	245	20,207,942			3	1,822,312			248	22,030,254
18.2 By payment on compromised claims					3	1,822,312			248	22,030,254
18.3 Totals paid	245	20,207,942			3	1,822,312			248	22,030,254
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	245	20,207,942			3	1,822,312			248	22,030,254
19. Unpaid Dec. 31, current year (16+17-18.6)	51	2,869,172							51	2,869,172
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	21,574	5,051,998,625	(a)		469	952,188,908			22,043	6,004,187,533
21. Issued during year	127	108,056,918			198	270,225,676			325	378,282,594
22. Other changes to in force (Net)	11,327	(335,517,397)			(14)	(410,718,102)			11,313	(746,235,498)
23. In force December 31 of current year	33,028	4,824,538,146	(a)		653	811,696,482			33,681	5,636,234,629

(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)	9,742,670	9,295,339		4,855,271	4,708,171
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)	83,717	83,717		101,618	101,618
25.3 Non-renewable for stated reasons only (b)	131	131			
25.4 Other accident only					
25.5 All other (b)	127	127			
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.86,076	.86,076		101,618	101,618
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,829,054	9,381,723		4,956,890	4,809,790

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ 6,140 and number of persons insured under indemnity only products _____ 68 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0140

DURING THE YEAR 2014

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		2,256,332		3,760,929		6,017,262
2. Annuity considerations		3,398,016				3,398,016
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		36,430,418		6,314,823		42,745,240
5. Totals (Sum of Lines 1 to 4)		42,084,766		10,075,752		52,160,518
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		16,297				16,297
6.2 Applied to pay renewal premiums		17,005				17,005
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		27,937				27,937
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		61,239				61,239
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		395				395
7.4 Totals (Sum of Lines 7.1 to 7.3)		395				395
8. Grand Totals (Lines 6.5 plus 7.4)		61,634				61,634
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,209,646		106,495		1,316,141
10. Matured endowments						
11. Annuity benefits		8,296,576		387,674		8,684,250
12. Surrender values and withdrawals for life contracts		19,444,072		7,441,230		26,885,303
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		258				258
15. Totals		28,950,552		7,935,400		36,885,952
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	2,500							1	2,500
17. Incurred during current year	16	1,209,646			2	6,477			18	1,216,123
Settled during current year:										
18.1 By payment in full	14	1,024,188			1	4,102			15	1,028,290
18.2 By payment on compromised claims										
18.3 Totals paid	14	1,024,188			1	4,102			15	1,028,290
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	14	1,024,188			1	4,102			15	1,028,290
19. Unpaid Dec. 31, current year (16+17-18.6)	3	187,958			1	2,375			4	190,333
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	848	196,767,616	(a)		74	126,835,204			922	323,602,819
21. Issued during year	2	3,619,501							2	3,619,501
22. Other changes to in force (Net)	(54)	(12,517,296)			(40)	(63,055,455)			(94)	(75,572,751)
23. In force December 31 of current year	796	187,869,820	(a)		34	63,779,749			830	251,649,569

(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)	621,857	616,873	8,136	142,226	141,626
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)	621,857	616,873	8,136	142,226	141,626
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products 4					



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0140

DURING THE YEAR 2014

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		1,550,195		5,328		1,555,523
2. Annuity considerations		1,878,046				1,878,046
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		18,413,968		2,093,363		20,507,331
5. Totals (Sum of Lines 1 to 4)		21,842,210		2,098,691		23,940,901
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit .....		.87,035				.87,035
6.2 Applied to pay renewal premiums		128,899				128,899
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		160,677				160,677
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		376,611				376,611
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)		376,611				376,611
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,364,810		10,000		1,374,810
10. Matured endowments		7,500				7,500
11. Annuity benefits		1,812,945		174,789		1,987,734
12. Surrender values and withdrawals for life contracts		10,422,623		5,768,057		16,190,681
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		14,174				14,174
15. Totals		13,622,051		5,952,846		19,574,898
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 .....	.16	116,836							.16	.116,836
17. Incurred during current year .....	.64	1,364,810							.64	1,364,810
Settled during current year:										
18.1 By payment in full .....	.66	1,434,532							.66	1,434,532
18.2 By payment on compromised claims										
18.3 Totals paid .....	.66	1,434,532							.66	1,434,532
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.66	1,434,532							.66	1,434,532
19. Unpaid Dec. 31, current year (16+17-18.6)	14	47,114							14	47,114
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	3,980	239,024,389	(a)		2	4,349,161			3,982	243,373,550
21. Issued during year	1	250,000							1	250,000
22. Other changes to in force (Net)	(231)	(18,974,769)				(4,115,452)			(231)	(23,090,221)
23. In force December 31 of current year	3,750	220,299,620	(a)		2	233,710			3,752	220,533,329

(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)	5,414,044	5,018,356		3,679,249	4,052,349
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)	9,765	.9,765			
25.2 Guaranteed renewable (b)	29,042	29,042		9,468	9,468
25.3 Non-renewable for stated reasons only (b)	2,164	2,164			
25.4 Other accident only					
25.5 All other (b)	755	755			
25.6 Totals (sum of Lines 25.1 to 25.5)	41,727	41,727		9,468	9,468
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,455,771	5,060,083		3,688,717	4,061,817

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,758 and number of persons insured under indemnity only products 5.



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0140

DURING THE YEAR 2014

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	23,334,537			249,526		23,584,063
2. Annuity considerations	12,185,813					12,185,813
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations	138,320,640			29,355,783		167,676,423
5. Totals (Sum of Lines 1 to 4)	173,840,990			29,605,308		203,446,299
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	625,825			12		.625,837
6.2 Applied to pay renewal premiums	374,339					.374,339
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	949,935					.949,935
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,950,098			12		1,950,111
Annuities:						
7.1 Paid in cash or left on deposit						31
7.2 Applied to provide paid-up annuities	31					
7.3 Other	4,496					4,496
7.4 Totals (Sum of Lines 7.1 to 7.3)	4,527					4,527
8. Grand Totals (Lines 6.5 plus 7.4)	1,954,626			12		1,954,638
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	16,757,853			1,269,849		18,027,702
10. Matured endowments	34,122					34,122
11. Annuity benefits	16,577,742			.8,450,620		25,028,362
12. Surrender values and withdrawals for life contracts	97,603,365			39,979,156		137,582,521
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	257,154					257,154
15. Totals	131,230,236			49,699,624		180,929,861
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 .....	.55	1,056,198			1	10,000			.56	1,066,198
17. Incurred during current year	503	16,587,144			29	938,313			532	17,525,458
Settled during current year:										
18.1 By payment in full	516	16,792,187			25	936,134			541	17,728,320
18.2 By payment on compromised claims					25	936,134			541	17,728,320
18.3 Totals paid	516	16,792,187			25	936,134			541	17,728,320
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	516	16,792,187			25	936,134			541	17,728,320
19. Unpaid Dec. 31, current year (16+17-18.6)	42	851,155			5	12,179			47	863,335
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	39,690	3,469,401,811	(a)		12	278,332,643			39,702	3,747,734,454
21. Issued during year	4	509,000							4	.509,000
22. Other changes to in force (Net)	(2,291)	(230,695,402)			(5)	(266,206,345)			(2,296)	(496,901,747)
23. In force December 31 of current year	37,403	3,239,215,408	(a)		7	12,126,298			37,410	3,251,341,706

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	1,581,908	1,407,109		.594,900	.548,600
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	1,191	1,191			
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)	768,527	.768,527		.554,968	.554,968
25.3 Non-renewable for stated reasons only (b)	401	401			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	770,482	770,482		.554,968	.554,968
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,353,580	2,178,781		1,149,868	1,103,568

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 925 and number of persons insured under indemnity only products 112 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0140

DURING THE YEAR 2014

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		3,095,226		50,715		3,145,942
2. Annuity considerations		19,256,310				19,256,310
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		97,554,900		100,590,922		198,145,822
5. Totals (Sum of Lines 1 to 4)		119,906,436		100,641,637		220,548,073
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		131,424		10		131,434
6.2 Applied to pay renewal premiums		106,569				106,569
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		188,325		30		188,355
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		426,318		41		426,359
Annuities:						
7.1 Paid in cash or left on deposit						75
7.2 Applied to provide paid-up annuities		75				
7.3 Other		1,762				1,762
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,837				1,837
8. Grand Totals (Lines 6.5 plus 7.4)		428,155		41		428,196
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,147,106		73,252		6,220,358
10. Matured endowments		21,490				21,490
11. Annuity benefits		23,984,997		4,735,893		28,720,890
12. Surrender values and withdrawals for life contracts		85,735,937		80,952,547		166,688,484
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		10,815				10,815
15. Totals		115,900,345		85,761,692		201,662,037
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	10	23,088			3	8,388			13	31,476
17. Incurred during current year .....	.49	6,147,106			11	60,365			.60	6,207,471
Settled during current year:										
18.1 By payment in full .....	.55	6,155,847			14	68,753			.69	6,224,600
18.2 By payment on compromised claims										
18.3 Totals paid .....	.55	6,155,847			14	68,753			.69	6,224,600
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.55	6,155,847			14	68,753			.69	6,224,600
19. Unpaid Dec. 31, current year (16+17-18.6)	4	14,347							4	14,347
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	3,485	.575,632,110	(a)		3	44,576,239			3,488	620,208,348
21. Issued during year										
22. Other changes to in force (Net)	(162)	(40,033,627)				(39,637,137)			(162)	(79,670,765)
23. In force December 31 of current year	3,323	535,598,483	(a)		3	4,939,101			3,326	540,537,584

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	4,051,500	3,797,789		1,934,167	1,882,867
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)	9,179	9,179			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	29	29			
25.6 Totals (sum of Lines 25.1 to 25.5)	9,208	9,208			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,060,846	3,807,135		1,934,167	1,882,867

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 692 and number of persons insured under indemnity only products 24 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0140

DURING THE YEAR 2014

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		5,051,497		14,563		5,066,060
2. Annuity considerations		7,416,635				7,416,635
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		38,254,877		4,898,893		.43,153,770
5. Totals (Sum of Lines 1 to 4)		50,723,010		4,913,456		55,636,466
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		161,623				161,623
6.2 Applied to pay renewal premiums		63,530				63,530
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		273,578				273,578
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		498,731				498,731
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		1,019				1,019
7.4 Totals (Sum of Lines 7.1 to 7.3)		1,019				1,019
8. Grand Totals (Lines 6.5 plus 7.4)		499,749				499,749
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,099,077		129,695		6,228,773
10. Matured endowments		75,487				75,487
11. Annuity benefits		4,612,972		1,076,554		5,689,526
12. Surrender values and withdrawals for life contracts		24,422,079		6,857,062		31,279,142
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		150,861				.150,861
15. Totals		35,360,476		8,063,312		43,423,788
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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	133,511			2	2,637			23	.136,148
17. Incurred during current year	272	6,099,077			5	6,946			277	6,106,023
Settled during current year:										
18.1 By payment in full	268	5,984,440			4	2,989			272	5,987,429
18.2 By payment on compromised claims										
18.3 Totals paid	268	5,984,440			4	2,989			272	5,987,429
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	268	5,984,440			4	2,989			272	5,987,429
19. Unpaid Dec. 31, current year (16+17-18.6)	25	248,148			3	6,594			28	254,742
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14,215	722,909,360	(a)		50,045,114				14,215	772,954,474
21. Issued during year	6	615,000							6	.615,000
22. Other changes to in force (Net)	(834)	(49,747,787)			(49,748,615)				(834)	(99,496,402)
23. In force December 31 of current year	13,387	673,776,573	(a)		296,499				13,387	674,073,072

(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)	991,872	925,269		1,058,628	1,023,548
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)	596,217	596,217		290,779	290,779
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	58	.58			
25.6 Totals (sum of Lines 25.1 to 25.5)	596,275	596,275		290,779	290,779
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,588,147	1,521,545		1,349,407	1,314,327

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 281 and number of persons insured under indemnity only products 15 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0140

DURING THE YEAR 2014

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		4,898,359		27,051		4,925,411
2. Annuity considerations		8,842,944		9		8,842,953
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		103,243,903		74,447,649		177,691,552
5. Totals (Sum of Lines 1 to 4)		116,985,206		74,474,710		191,459,916
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		108,628		13		108,641
6.2 Applied to pay renewal premiums		139,038				139,038
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		176,156				176,156
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		423,822		13		423,835
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		1,080				1,080
7.3 Other		178,499				178,499
7.4 Totals (Sum of Lines 7.1 to 7.3)		179,579				179,579
8. Grand Totals (Lines 6.5 plus 7.4)		603,401		13		603,414
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,598,686		19,556		1,618,242
10. Matured endowments		23,309				23,309
11. Annuity benefits		11,012,141		15,417,136		26,429,277
12. Surrender values and withdrawals for life contracts		66,780,037		113,242,238		180,022,275
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		9,992				9,992
15. Totals		79,424,166		128,678,929		208,103,095
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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	6	12,400			5	.5,737			11	18,138
17. Incurred during current year .....	.66	1,474,519			6	19,556			.72	1,494,074
Settled during current year:										
18.1 By payment in full .....	.62	1,411,132			7	14,218			.69	1,425,350
18.2 By payment on compromised claims										
18.3 Totals paid .....	.62	1,411,132			7	14,218			.69	1,425,350
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.62	1,411,132			7	14,218			.69	1,425,350
19. Unpaid Dec. 31, current year (16+17-18.6)	10	75,787			4	11,075			14	86,862
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5,375	.491,269,075	(a)		.61	100,556,038			5,436	.591,825,113
21. Issued during year	4	8,000,000							4	8,000,000
22. Other changes to in force (Net)	22,072	-(85,361,946)			(11)	-(57,120,119)			22,061	-(142,482,065)
23. In force December 31 of current year	27,451	413,907,129	(a)		50	43,435,918			27,501	457,343,047

(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)	6,124,107	5,171,196		3,282,148	3,224,882
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)	(1,174)	(1,174)			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	4	4			
25.6 Totals (sum of Lines 25.1 to 25.5)	(1,169)	(1,169)			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,122,938	5,170,027		3,282,148	3,224,882

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,163 and number of persons insured under indemnity only products 29 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0140

DURING THE YEAR 2014

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		1,871,527		6,679		1,878,206
2. Annuity considerations		163,479				163,479
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		1,559,725		558,191		2,117,916
5. Totals (Sum of Lines 1 to 4)		3,594,731		564,870		4,159,602
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		10,996				10,996
6.2 Applied to pay renewal premiums		39,877				39,877
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		8,762				8,762
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		59,635				59,635
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		285				285
7.4 Totals (Sum of Lines 7.1 to 7.3)		285				285
8. Grand Totals (Lines 6.5 plus 7.4)		59,920				59,920
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		193,651				.193,651
10. Matured endowments						
11. Annuity benefits		449,980		494,464		944,443
12. Surrender values and withdrawals for life contracts		2,336,234		2,152,095		4,488,328
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		1				1
15. Totals		2,979,865		2,646,559		5,626,424
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	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount		
16. Unpaid December 31, prior year										
17. Incurred during current year	6	193,651							6	193,651
Settled during current year:										
18.1 By payment in full	6	193,651							6	193,651
18.2 By payment on compromised claims										
18.3 Totals paid	6	193,651							6	193,651
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	193,651							6	193,651
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	411	68,158,806	(a)		1,036,344				411	69,195,150
21. Issued during year										
22. Other changes to in force (Net)	(18)	(680,151)			(1,036,344)				(18)	(1,716,495)
23. In force December 31 of current year	393	67,478,655	(a)						393	67,478,655

(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)	504,584	429,498		114,730	119,761
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)	(7)	(7)			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	(7)	(7)			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	504,578	429,491		114,730	119,761

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 78 and number of persons insured under indemnity only products 3 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

NAIC Group Code 0140

DURING THE YEAR 2014

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		25,847				25,847
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		25,847				25,847
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,093				1,093
6.2 Applied to pay renewal premiums		(313)				(313)
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		4				4
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		784				784
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)		784				784
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		15,251				15,251
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		23,271				23,271
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		38,522				38,522
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	2	22,865							2	22,865
17. Incurred during current year	(1)	10,251							(1)	10,251
Settled during current year:										
18.1 By payment in full		15,251								15,251
18.2 By payment on compromised claims										
18.3 Totals paid		15,251								15,251
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		15,251								15,251
19. Unpaid Dec. 31, current year (16+17-18.6)	1	17,865							1	17,865
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year .....	.39	14,049,581	(a)						.39	14,049,581
21. Issued during year										
22. Other changes to in force (Net)	(11)	(2,264,709)	(a)						(11)	(2,264,709)
23. In force December 31 of current year	28	11,784,872	(a)						28	11,784,872

(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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

NAIC Group Code 0140

DURING THE YEAR 2014

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	1,454				1,454
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations	153,600		47,800		201,400
5. Totals (Sum of Lines 1 to 4)	155,054		47,800		202,854
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	104				104
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	104				104
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)	104				104
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	367,804		110,626		478,430
12. Surrender values and withdrawals for life contracts	755,533		295,132		1,050,665
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,123,336		405,758		1,529,094
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										
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	2	84,388	(a)					2	84,388	
21. Issued during year										
22. Other changes to in force (Net)	2	30,021						2	30,021	
23. In force December 31 of current year	4	114,409	(a)					4	114,409	

(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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

NAIC Group Code 0140

DURING THE YEAR 2014

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		416,732				.416,732
2. Annuity considerations		648,348				.648,348
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		40,609,710		1,176,736		.41,786,447
5. Totals (Sum of Lines 1 to 4)		41,674,791		1,176,736		.42,851,527
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		5,419				.5,419
6.2 Applied to pay renewal premiums		2,478				.2,478
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		3,325				.3,325
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		11,222				.11,222
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)		11,222				.11,222
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		330				.330
10. Matured endowments						
11. Annuity benefits		2,336,138		107,556		.2,443,695
12. Surrender values and withdrawals for life contracts		33,245,687		2,608,599		.35,854,286
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health		113				.113
15. Totals		35,582,268		2,716,155		.38,298,423
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 .....	.1	.291							.1	.291
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)	1	291							1	291
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	125	49,793,905	(a)		3	331,112			128	.50,125,017
21. Issued during year	1	.25,000							1	.25,000
22. Other changes to in force (Net)	(16)	(4,056,123)			(3)	(331,112)			(19)	(4,387,235)
23. In force December 31 of current year	110	45,762,782	(a)						110	45,762,782

(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)		130				
25.6 Totals (sum of Lines 25.1 to 25.5)		130				
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		130				

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 20 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

NAIC Group Code 0140

DURING THE YEAR 2014

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		48,317		16		48,333
2. Annuity considerations		100,000				100,000
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		216,212				216,212
5. Totals (Sum of Lines 1 to 4)		364,530		16		364,545
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		631				631
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)		1,080				1,080
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)		1,080				1,080
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits		78,583				78,583
12. Surrender values and withdrawals for life contracts		617,167				617,167
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		695,750				695,750
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 .....	.34	2,477,480		(a)					.34	2,477,480
21. Issued during year	4	3,725,000							4	3,725,000
22. Other changes to in force (Net)	(.4)	(1,929,025)							(.4)	(1,929,025)
23. In force December 31 of current year	34	4,273,455		(a)					34	4,273,455

(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)		10,502	10,765			
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)		10,502	10,765			
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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

NAIC Group Code 0140

DURING THE YEAR 2014

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

(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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

NAIC Group Code 0140

DURING THE YEAR 2014

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	93,899				93,899
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations			11,756		11,756
5. Totals (Sum of Lines 1 to 4)	93,899		11,756		105,656
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	12,992				12,992
6.2 Applied to pay renewal premiums	11,764				11,764
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,348				15,348
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	40,104				40,104
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	40,104				40,104
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	83,776				83,776
10. Matured endowments					
11. Annuity benefits	215,685				215,685
12. Surrender values and withdrawals for life contracts	134,317		.47		134,364
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health	201				201
15. Totals	433,978		47		434,025
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	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	206	48,895,297	(a)	2	47,787			208	48,943,084	
21. Issued during year										
22. Other changes to in force (Net)	301	-(17,565,544)	(1)	1	47,787			300	(17,565,544)	
23. In force December 31 of current year	507	31,329,753	(a)	1	47,787			508	31,377,539	

(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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

NAIC Group Code 0140

DURING THE YEAR 2014

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		940,142		1,302		941,443
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations		11,500		72,363		83,863
5. Totals (Sum of Lines 1 to 4)		951,642		73,665		1,025,307
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		45,973				45,973
6.2 Applied to pay renewal premiums		58,798				58,798
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		98,045				98,045
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		202,816				202,816
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)		202,816				202,816
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		(58,737)		1,899		(56,838)
10. Matured endowments						
11. Annuity benefits		302,906		4,882		307,788
12. Surrender values and withdrawals for life contracts		3,524,979		13,109		3,538,088
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		3,782,054		19,890		3,801,944
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	718,181							3	.718,181
17. Incurred during current year	4	(262,269)							4	(262,269)
Settled during current year:										
18.1 By payment in full	1	42,620							1	42,620
18.2 By payment on compromised claims										
18.3 Totals paid	1	42,620							1	42,620
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	42,620							1	42,620
19. Unpaid Dec. 31, current year (16+17-18.6)	6	413,293							6	413,293
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	725	99,196,546	(a)		2	2,373,333			727	101,569,879
21. Issued during year										
22. Other changes to in force (Net)	(340)	(27,544,235)				(36,982)			(340)	(27,581,217)
23. In force December 31 of current year	385	71,652,311	(a)		2	2,336,351			387	73,988,662

(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		3,540	3,540
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)				1,408	1,408
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		4,948	4,948
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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0140

DURING THE YEAR 2014

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	708,360,448			514,638,283		1,222,998,732
2. Annuity considerations	739,597,748			526,493		740,124,242
3. Deposit-type contract funds	853,050,930		XXX			853,050,930
4. Other considerations	6,547,569,450			3,124,248,818		9,671,818,267
5. Totals (Sum of Lines 1 to 4)	8,848,578,577			3,639,413,594		12,487,992,171
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	14,980,425			7,019		14,987,444
6.2 Applied to pay renewal premiums	13,914,803			164		13,914,967
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	25,490,868			458		25,491,325
6.4 Other	(1,862,258)			(386)		(1,862,644)
6.5 Totals (Sum of Lines 6.1 to 6.4)	52,523,837			7,256		52,531,092
Annuities:						
7.1 Paid in cash or left on deposit	3,256					3,256
7.2 Applied to provide paid-up annuities	4,070					4,070
7.3 Other	529,897					529,897
7.4 Totals (Sum of Lines 7.1 to 7.3)	537,223					537,223
8. Grand Totals (Lines 6.5 plus 7.4)	53,061,060			7,256		53,068,316
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	458,717,444			94,240,767		552,958,211
10. Matured endowments	2,144,465					2,144,465
11. Annuity benefits	817,548,356			494,663,572		1,312,211,928
12. Surrender values and withdrawals for life contracts	4,973,637,361			3,998,035,513		8,971,672,874
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health	4,056,433			820,114		4,876,547
15. Totals	6,256,104,059			4,587,759,966		10,843,864,025
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	1,388	46,694,654			221	2,500,018			1,609	49,194,672
17. Incurred during current year	10,030	457,627,170			666	64,696,197			10,696	522,323,367
Settled during current year:										
18.1 By payment in full	10,061	458,534,537			723	64,063,594			10,784	522,598,130
18.2 By payment on compromised claims					723	64,063,594			10,784	522,598,130
18.3 Totals paid	10,061	458,534,537			723	64,063,594			10,784	522,598,130
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10,061	458,534,537			723	64,063,594			10,784	522,598,130
19. Unpaid Dec. 31, current year (16+17-18.6)	1,357	45,787,287			164	3,132,622			1,521	48,919,909
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	717,686	97,427,172,649	(a)		22,235	43,407,634,351			739,921	140,834,807,000
21. Issued during year	5,461	2,717,256,139			1,468	1,765,141,918			6,929	4,482,398,057
22. Other changes to in force (Net)	36,237	(6,316,841,083)			(400)	(13,726,448,137)			35,837	(20,043,289,219)
23. In force December 31 of current year	759,384	93,827,587,705	(a)		23,303	31,446,328,133			782,687	125,273,915,838

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

ACCIDENT AND HEALTH INSURANCE

	1 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)	289,719,010	279,179,206	8,136	179,976,731	190,206,988
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	2,722	2,691		6,114	6,022
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)	932,334	932,305		3,665,759	3,664,646
25.2 Guaranteed renewable (b)	9,780,923	9,917,693		7,698,575	7,708,085
25.3 Non-renewable for stated reasons only (b)	124,300	124,300		71,475	79,620
25.4 Other accident only					
25.5 All other (b)	6,434	6,304			(308)
25.6 Totals (sum of Lines 25.1 to 25.5)	10,843,990	10,980,603		11,435,809	11,452,043
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	300,565,722	290,162,499	8,136	191,418,654	201,665,054

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 120,866 and number of persons insured under indemnity only products 2,746

ANNUAL STATEMENT FOR THE YEAR 2014 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	55,537,529
2. Current year's realized pre-tax capital gains/(losses) of \$ 14,936,082 transferred into the reserve net of taxes of \$ 5,227,629	9,708,453
3. Adjustment for current year's liability gains/(losses) released from the reserve	(41,172,560)
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	24,073,422
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	9,903,703
6. Reserve as of December 31, current year (Line 4 minus Line 5)	14,169,719

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. 2014	9,631,772	4,933,291	(4,661,360)	9,903,703
2. 2015	8,079,378	1,042,202	(4,738,620)	4,382,960
3. 2016	6,448,078	589,536	(4,368,719)	2,668,895
4. 2017	4,699,385	507,032	(3,623,146)	1,583,271
5. 2018	5,916,004	425,196	(3,216,023)	3,125,177
6. 2019	3,172,703	331,649	(2,763,795)	.740,557
7. 2020	3,383,822	261,280	(3,169,534)	.475,568
8. 2021	3,175,434	210,621	(2,962,364)	.423,691
9. 2022	2,729,421	152,629	(2,631,230)	.250,820
10. 2023	2,628,385	97,659	(2,270,231)	.455,813
11. 2024	2,077,018	37,166	(1,529,417)	.584,767
12. 2025	1,930,617	9,587	(1,308,050)	.632,154
13. 2026	1,269,945	14,792	(796,939)	.487,798
14. 2027	547,309	20,533	(478,769)	.89,073
15. 2028	310,940	29,059	(483,448)	(143,449)
16. 2029	270,719	33,764	(519,468)	(214,985)
17. 2030	256,844	43,303	(643,882)	(343,735)
18. 2031	(1,840)	50,617	(339,206)	(290,429)
19. 2032	(20,250)	61,778	(306,019)	(264,491)
20. 2033	191,094	69,246	(347,587)	(87,247)
21. 2034	314,316	81,172	(347,588)	47,900
22. 2035	343,945	86,921	(347,587)	83,279
23. 2036	359,174	88,378	(347,587)	99,965
24. 2037	334,121	89,681	(347,587)	76,215
25. 2038	49,129	94,294	(104,134)	39,289
26. 2039	(298,275)	95,442	(253,721)	50,888
27. 2040	(289,987)	87,738	(311,873)	109,624
28. 2041	(669,049)	69,529	(673,281)	73,761
29. 2042	(572,754)	51,319	(240,855)	(280,580)
30. 2043	(116,991)	33,109		(83,882)
31. 2044 and Later	(612,878)	9,930		(602,948)
32. Total (Lines 1 to 31)	55,537,529	9,708,453	(41,172,560)	24,073,422

ANNUAL STATEMENT FOR THE YEAR 2014 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	166,143,063	67,678,799	233,821,862	2,861,521	3,783,147	6,644,669	240,466,531
2. Realized capital gains/(losses) net of taxes - General Account	(6,144,304)	(39,934)	(6,184,238)		3,563,533	3,563,533	(2,620,705)
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	18,834,094	3,640,039	22,474,133	684,197	42,946	727,143	23,201,276
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	43,644,156	11,211,057	54,855,213		513,728	513,728	55,368,940
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	222,477,009	82,489,961	304,966,970	3,545,718	7,903,354	11,449,072	316,416,042
9. Maximum reserve	213,731,550	55,299,427	269,030,978	3,163,759	5,886,079	9,049,837	278,080,815
10. Reserve objective	148,236,645	42,573,758	190,810,403	2,983,110	5,315,270	8,298,380	199,108,783
11. 20% of (Line 10 - Line 8)	(14,848,073)	(7,983,241)	(22,831,313)	(112,522)	(517,617)	(630,138)	(23,461,452)
12. Balance before transfers (Lines 8 + 11)	207,628,936	74,506,721	282,135,656	3,433,197	7,385,737	10,818,934	292,954,590
13. Transfers	6,102,611	(6,102,611)					
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero		(13,104,680)	(13,104,680)	(269,436)	(1,499,658)	(1,769,094)	(14,873,774)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	213,731,547	55,299,430	269,030,976	3,163,761	5,886,079	9,049,840	278,080,816

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve							
							5	6	7	8	9	10						
1.	1	LONG-TERM BONDS																
		Exempt Obligations	95,229,663	XXX	XXX	95,229,663	0.0000		0.0000		0.0000							
		Highest Quality	15,133,774,049	XXX	XXX	15,133,774,049	0.0004	6,053,510	0.0023	34,807,680	0.0030	45,401,322						
		High Quality	10,436,701,813	XXX	XXX	10,436,701,813	0.0019	19,829,733	0.0058	60,532,871	0.0090	93,930,316						
		Medium Quality	864,597,129	XXX	XXX	864,597,129	0.0093	8,040,753	0.0230	19,885,734	0.0340	29,396,302						
		Low Quality	238,661,251	XXX	XXX	238,661,251	0.0213	5,083,485	0.0530	12,649,046	0.0750	17,899,594						
		Lower Quality	66,980,984	XXX	XXX	66,980,984	0.0432	2,893,579	0.1100	7,367,908	0.1700	11,386,767						
		In or Near Default	34,944,997	XXX	XXX	34,944,997	0.0000		0.2000	6,988,999	0.2000	6,988,999						
		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX							
		Total Bonds (Sum of Lines 1 through 8)	26,870,889,886	XXX	XXX	26,870,889,886	XXX	41,901,060	XXX	142,232,239	XXX	205,003,301						
10.	1	PREFERRED STOCK																
		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							
		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX							
18.	1	SHORT - TERM BONDS																
		Exempt Obligations	376,872,970	XXX	XXX	376,872,970	0.0000		0.0000		0.0000							
		Highest Quality	34,671,870	XXX	XXX	34,671,870	0.0004	13,869	0.0023	79,745	0.0030	104,016						
		High Quality		XXX	XXX		0.0019		0.0058		0.0090							
		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340							
		Low Quality		XXX	XXX		0.0213		0.0530		0.0750							
		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700							
		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000							
		Total Short - Term Bonds (Sum of Lines 18 through 24)	411,544,840	XXX	XXX	411,544,840	XXX	13,869	XXX	79,745	XXX	104,016						
DERIVATIVE INSTRUMENTS																		
26.	1	Exchange Traded	93,295,763	XXX	XXX	93,295,763	0.0004	37,318	0.0023	214,580	0.0030	279,887						
		Highest Quality	54,045,384	XXX	XXX	54,045,384	0.0004	21,618	0.0023	124,304	0.0030	162,136						
		High Quality		XXX	XXX		0.0019		0.0058		0.0090							
		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340							
		Low Quality		XXX	XXX		0.0213		0.0530		0.0750							
		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700							
		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000							
		Total Derivative Instruments	147,341,147	XXX	XXX	147,341,147	XXX	58,936	XXX	338,885	XXX	442,023						
		Total (Lines 9 + 17 + 25 + 33)	27,429,775,873	XXX	XXX	27,429,775,873	XXX	41,973,865	XXX	142,650,869	XXX	205,549,340						

ANNUAL STATEMENT FOR THE YEAR 2014 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	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)							
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX		0.0010		0.0050		0.0065	
36.		Farm Mortgages - CM2 - High Quality			XXX		0.0035		0.0100		0.0130	
37.		Farm Mortgages - CM3 - Medium Quality			XXX		0.0060		0.0175		0.0225	
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX		0.0105		0.0300		0.0375	
39.		Farm Mortgages - CM5 - Low Quality			XXX		0.0160		0.0425		0.0550	
40.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
41.		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
42.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	4,810,900,416		XXX	4,810,900,416	0.0010	4,810,900	0.0050	24,054,502	0.0065	31,270,853
44.		Commercial Mortgages - All Other - CM2 - High Quality	1,461,540,384		XXX	1,461,540,384	0.0035	5,115,391	0.0100	14,615,404	0.0130	19,000,025
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	182,684,810		XXX	182,684,810	0.0060	1,096,109	0.0175	3,196,984	0.0225	4,110,408
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality	524,495		XXX	524,495	0.0105	5,507	0.0300	15,735	0.0375	19,669
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0160		0.0425		0.0550	
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
49.		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
50.		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
51.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
52.		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
54.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
55.		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
56.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
57.		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	6,455,650,105		XXX	6,455,650,105	XXX	11,027,908	XXX	41,882,625	XXX	54,400,954
59.		Schedule DA Mortgages			XXX		0.0030		0.0100		0.0130	
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	6,455,650,105		XXX	6,455,650,105	XXX	11,027,908	XXX	41,882,625	XXX	54,400,954

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		COMMON STOCK										
2.		Unaffiliated - Public	15,413,784	XXX	XXX	15,413,784	0.0000		0.1300 (a)		0.1300 (a)	
3.		Unaffiliated - Private		XXX	XXX		0.0000		0.1600	2,466,205	0.1600	
4.		Federal Home Loan Bank	60,216,200	XXX	XXX	60,216,200	0.0000		0.0050	301,081	0.0080	
		Affiliated - Life with AVR	690,622,571	XXX	XXX	690,622,571	0.0000		0.0000		0.0000	
		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1300 (a)		0.1300 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1600		0.1600	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
16.		Affiliated - All Other	1,348,897	XXX	XXX	1,348,897	0.0000		0.1600	215,824	0.1600	
17.		Total Common Stock (Sum of Lines 1 through 16)	767,601,452			767,601,452	XXX		XXX	2,983,110	XXX	
		REAL ESTATE										
18.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
19.		Investment Properties					0.0000		0.0750		0.0750	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
24.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
25.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
26.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
27.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
31.	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
32.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
33.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
34.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
35.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
36.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX		0.0010		0.0050		0.0065	
39.		Mortgages - CM2 - High Quality			XXX		0.0035		0.0100		0.0130	
40.		Mortgages - CM3 - Medium Quality			XXX		0.0060		0.0175		0.0225	
41.		Mortgages - CM4 - Low Medium Quality			XXX		0.0105		0.0300		0.0375	
42.		Mortgages - CM5 - Low Quality			XXX		0.0160		0.0425		0.0550	
43.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
44.		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
45.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
48.		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
50.		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
52.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
53.		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
54.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
55.		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
56.		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
57.		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0010		0.0050		0.0065	
59.		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0035		0.0110		0.0130	
60.		Unaffiliated - In Good Standing All Other			XXX		0.0060		0.0175		0.0225	
61.		Unaffiliated - Overdue, Not in Process			XXX		0.0420		0.0760		0.1200	
62.		Unaffiliated - In Process of Foreclosure			XXX		0.0000		0.1700		0.1700	
63.		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2014 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)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public		XXX	XXX		0.0000		0.1300 (a)		0.1300 (a)	
67.		Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
68.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
70.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1600		0.1600	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
73.		Investment Properties	41,386,902			41,386,902	0.0000		0.0750	3,104,018	0.0750	
74.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	41,386,902			41,386,902	XXX		XXX	3,104,018	XXX	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
77.		Non-guaranteed Federal Low Income Housing Tax Credit	81,390,856			81,390,856	0.0063	512,762	0.0120	976,690	0.0190	
78.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
79.		Non-guaranteed State Low Income Housing Tax Credit	153,242			153,242	0.0063	965	0.0120	1,839	0.0190	
80.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		Total LIHTC (Sum of Lines 75 through 79)	81,544,098			81,544,098	XXX	513,728	XXX	978,529	XXX	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0037		0.0037	
83.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0120		0.0120	
84.		Other Invested Assets - Schedule BA	9,482,486	XXX		9,482,486	0.0000		0.1300	1,232,723	0.1300	
85.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1300		0.1300	
		Total All Other (Sum of Lines 81, 82, 83 and 84)	9,482,486	XXX		9,482,486	XXX		XXX	1,232,723	XXX	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	132,413,486			132,413,486	XXX	513,728	XXX	5,315,270	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.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ANNUAL STATEMENT FOR THE YEAR 2014 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 2014 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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	655,106	XXX	566,579	XXX		XXX		XXX	39,798	XXX	43,228	XXX	5,501	XXX		XXX		XXX
2. Premiums earned	499,846	XXX	401,167	XXX		XXX		XXX	39,798	XXX	42,664	XXX	16,217	XXX		XXX		XXX
3. Incurred claims	16,664,182	3,333.9	16,416,139	4,092.1					92,958	233.6	10,593	24.8	71,475	440.7				73,017
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	16,664,182	3,333.9	16,416,139	4,092.1					92,958	233.6	10,593	24.8	71,475	440.7				73,017
6. Increase in contract reserves	(172,657)	(34.5)	(172,657)	(43.0)														
7. Commissions (a)	(40,551,346)	(8,112.8)	(40,579,720)	(10,115.4)					12,764	32.1	25,113	58.9	.833	.5.1				(10,336)
8. Other general insurance expenses	28,146,249	5,631.0	28,222,997	7,035.2					(102,452)	(257.4)	15,341	36.0	.27	.0.2				10,336
9. Taxes, licenses and fees	13,687,003	2,738.2	13,700,995	3,415.3					12,959	32.6	(26,217)	(61.4)	(873)	(5.4)				139
10. Total other expenses incurred	1,281,906	256.5	1,344,272	335.1					(76,729)	(192.8)	14,237	33.4	(13)	(0.1)				139
11. Aggregate write-ins for deductions	1,192,716	238.6	1,192,716	297.3														
12. Gain from underwriting before dividends or refunds	(18,466,301)	(3,694.4)	(18,379,303)	(4,581.5)					23,569	59.2	17,834	41.8	(55,245)	(340.7)				(73,156)
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	(18,466,301)	(3,694.4)	(18,379,303)	(4,581.5)					23,569	59.2	17,834	41.8	(55,245)	(340.7)				(73,156)
DETAILS OF WRITE-INS																		
1101. Change in Rate Stabilization	1,326,716	265.4	1,326,716	330.7														
1102. Change in Loss Recognition Reserve	(134,000)	(26.8)	(134,000)	(33.4)														
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	1,192,716	238.6	1,192,716	297.3														

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

ANNUAL STATEMENT FOR THE YEAR 2014 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	73,959,567	73,959,567							
2. Advance premiums	32,190	29,718					2,472		
3. Reserve for rate credits									
4. Total premium reserves, current year	73,991,757	73,989,285					2,472		
5. Total premium reserves, prior year	68,045,053	68,046,227					(1,174)		
6. Increase in total premium reserves	5,946,704	5,943,058					3,646		
B. Contract Reserves:									
1. Additional reserves (a)	3,942,192	3,942,192							
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	3,942,192	3,942,192							
4. Total contract reserves, prior year.	4,114,849	4,114,849							
5. Increase in contract reserves	(172,657)	(172,657)							
C. Claim Reserves and Liabilities:									
1. Total current year	63,039,358	55,191,768				1,322,302	313,083	100,000	772
2. Total prior year	47,330,117	39,458,456				1,401,803	330,670	100,000	772
3. Increase	15,709,241	15,733,312				(79,501)	(17,587)		73,017

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	954,941	682,827				172,459	28,180	71,475	
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	63,039,358	55,191,768				1,322,302	313,083	100,000	772
2.2 On claims incurred during current year									
3. Test:									
3.1 Lines 1.1 and 2.1	63,994,299	55,874,595				1,494,761	341,263	171,475	772
3.2 Claim reserves and liabilities, December 31, prior year	47,330,117	39,458,456				1,401,803	330,670	100,000	772
3.3 Line 3.1 minus Line 3.2	16,664,182	16,416,139				92,958	10,593	71,475	73,017

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	17	17							
2. Premiums earned	16	16							
3. Incurred claims	(38,500)	(38,500)							
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	367,180,054	356,421,869			2,722	892,536	9,737,694	118,799	6,434
2. Premiums earned	362,499,158	351,604,262			2,691	892,507	9,874,465	118,799	6,434
3. Incurred claims	189,226,606	178,040,655			6,022	3,492,187	7,679,905	8,145	(308)
4. Commissions	83,386,099	82,688,886				27,249	652,011	7,617	10,336

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2014 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	181,277,680	5,880,645	14,506,728	201,665,053
2. Beginning Claim Reserves and Liabilities	43,175,147	1,243,000	74,456,169	118,874,316
3. Ending Claim Reserves and Liabilities	60,000,607	961,105	68,352,298	129,314,010
4. Claims Paid	164,452,220	6,162,540	20,610,599	191,225,359
B. Assumed Reinsurance:				
5. Incurred Claims.....	(38,500)			(38,500)
6. Beginning Claim Reserves and Liabilities	40,000			40,000
7. Ending Claim Reserves and Liabilities	1,500			1,500
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....	168,720,499	6,162,540	14,343,567	189,226,606
10. Beginning Claim Reserves and Liabilities	27,293,959		44,290,240	71,584,199
11. Ending Claim Reserves and Liabilities	31,600,738		34,675,414	66,276,152
12. Claims Paid	164,413,720	6,162,540	23,958,393	194,534,653
D. Net:				
13. Incurred Claims.....	12,518,681	(281,895)	163,161	12,399,947
14. Beginning Claim Reserves and Liabilities	15,921,188	1,243,000	30,165,929	47,330,117
15. Ending Claim Reserves and Liabilities	28,401,369	961,105	33,676,884	63,039,358
16. Claims Paid	38,500		(3,347,794)	(3,309,294)
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	16,664,182			16,664,182
18. Beginning Reserves and Liabilities	47,330,117			47,330,117
19. Ending Reserves and Liabilities	63,039,358			63,039,358
20. Paid Claims and Cost Containment Expenses	954,941			954,941

ANNUAL STATEMENT FOR THE YEAR 2014 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			91,875,643		2,813,267,914	
92657	31-1000740	02/26/1999	Nationwide Life and Annuity Insurance Co	OH	CO/G	116,023,562	152,706,237				
92657	31-1000740	01/01/1994	Nationwide Life and Annuity Insurance Co	OH	MCO/I	898,046,080		6,257,485	400,000	45,380,475	
0299999. General Account - U.S. Affiliates - Other						1,014,069,642	152,706,237	98,133,128	400,000	2,858,648,389	
0399999. Total General Account - U.S. Affiliates						1,014,069,642	152,706,237	98,133,128	400,000	2,858,648,389	
0699999. Total General Account - Non-U.S. Affiliates											
0799999. Total General Account - Affiliates						1,014,069,642	152,706,237	98,133,128	400,000	2,858,648,389	
62308	06-0303370	01/01/1982	Connecticut General Life Insurance Co	CT	YRT/I			1,323			
60992	13-3690700	04/16/1993	First MetLife Investors Insurance Co	NY	ACO/I			596,578			
65676	35-0472300	02/01/1989	Lincoln National Life Insurance Co	IN	YRT/I			9,872	44,731		
			Swiss Re Life and Health America Inc	NY	YRT/I			77,425	4,730		
82627	06-0839705	01/01/1989	West Coast Life Ins Co	CA	OTH/G	2,476,619	338,666		64,821		
70335	94-0971150	01/01/1986	West Coast Life Ins Co	CA	OTH/G	1,253,652	481,235		17,321		
70335	94-0971150	01/01/1986	West Coast Life Ins Co	CA	OTH/G		3,730,271	1,505,099	131,603		
0899999. General Account - U.S. Non-Affiliates											
1099999. Total General Account - Non-Affiliates							3,730,271	1,505,099	131,603		
1199999. Total General Account							1,017,799,913	154,211,336	98,264,731	400,000	2,858,648,389
92657	31-1000740	01/01/1994	Nationwide Life and Annuity Insurance Co	OH	MCO/I					102,877,605	
1399999. Separate Accounts - U.S. Affiliates - Other										102,877,605	
1499999. Total Separate Accounts - U.S. Affiliates										102,877,605	
1799999. Total Separate Accounts - Non-U.S. Affiliates											
1899999. Total Separate Accounts - Affiliates										102,877,605	
2199999. Total Separate Accounts - Non-Affiliates											
2299999. Total Separate Accounts										102,877,605	
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							1,017,799,913	154,211,336	98,264,731	400,000	2,961,525,994
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)											
9999999 - Totals							1,017,799,913	154,211,336	98,264,731	400,000	2,961,525,994

ANNUAL STATEMENT FOR THE YEAR 2014 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	30					
42552	16-1140177	12/01/2008	Nova Casualty Company	NY	OTH/G				1,500		
0899999. U.S. Non-Affiliates						30			1,500		
1099999. Total - Non-Affiliates						30			1,500		
1199999. Total U.S. (Sum of 0399999 and 0899999)						30			1,500		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)											
9999999 - Totals						30			1,500		

ANNUAL STATEMENT FOR THE YEAR 2014 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.....	208,884	137,500
68365	04-2729166	05/01/1999	AXA Re Life Insurance Company	DE.....	105,028	
62308	06-0303370	10/01/1998	Connecticut General Life Insurance Co	CT.....	11,000	
79782	86-0262046	02/23/1972	Electric Cooperative Life Ins Co	AZ.....		5,805
86258	13-2572994	10/21/2003	General Re Life Corporation	CT.....	717,460	
88340	59-2859797	10/01/2004	Hannover Life Re	FL.....	1,905,899	
88340	59-2859797	10/01/2004	Hannover Life Re	FL.....	634,644	
65676	35-0472300	04/01/1998	Lincoln National Life Ins Company	IN.....	1,991,005	1,146,595
66346	58-0828824	01/01/1998	Munich American Reassurance Co	GA.....	350,000	81,193
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO.....		1,007,500
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO.....	6,623,648	149,207
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO.....	500,526	
87572	23-2038295	10/01/2002	Scottish Re	NC.....	503,377	
87572	23-2038295	10/01/2002	Scottish Re	NC.....	3,377,381	224,228
68713	84-0499703	06/01/1997	Security Life of Denver Ins Co	CO.....	3,697,738	
68713	84-0499703	01/27/1996	Security Life of Denver Ins Co	CO.....	70,000	192,500
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	NY.....	16,898	
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT.....	1,355,777	
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT.....	127,500	165,000
82627	06-0839705	01/19/2005	Swiss Re Life and Health America	CT.....		91,597
70688	36-6071399	02/07/2000	Transamerica Financial Life Insurance Co	NY.....	1,000,000	300,000
70688	36-6071399	11/01/1989	Transamerica Financial Life Insurance Co	NY.....	1,451,516	
62596	31-0252460	01/01/1986	Union Fidelity Life Compay	IL.....		1,896
0899999. Life and Annuity - U.S. Non-Affiliates					24,648,281	3,503,021
1099999. Total Life and Annuity - Non-Affiliates					24,648,281	3,503,021
1199999. Total Life and Annuity					24,648,281	3,503,021
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.....		32,991
70939	13-2611847	01/01/2007	Gerber Life Insurance Company	NY.....		13,197,280
66346	58-0828824	01/01/2010	Munich American Reassurance Co	GA.....		7,212
20087	47-0355979	08/01/2013	National Indemnity Company	NE.....		8,023,200
68381		04/01/2010	Reliance Standard Life Ins Co	IL.....		2,433,580
82627	06-0839705	09/01/1989	Swiss Re Life and Health America Inc	NY.....	1,942,602	
63479	58-0869673	04/01/1992	United Teacher Associates Insurance Co	GA.....		32
1999999. Accident and Health - U.S. Non-Affiliates					1,942,602	23,694,295
00000	AA-1120055	03/01/2010	Lloyds #3623	ENG.....		164,952
00000	AA-1120103	04/01/2012	Lloyds #1967	ENG.....		54,984
00000	AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	ENG.....		57,030
00000	AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	ENG.....		27,492
00000	AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	ENG.....		82,477
00000	AA-1127183	01/01/2009	Lloyds Syndicate Number 1183 - Talbot	ENG.....		164,952
00000	AA-1127200	09/26/2011	Lloyds Syndicate Number 1200	ENG.....		54,984
00000	AA-1127206	06/01/2006	Lloyds Syndicate CAP #1206	ENG.....		32,991
00000	AA-1127861	01/01/2013	Lloyds Syndicate #1861	ENG.....		164,952
00000	AA-1128001	01/01/2009	Lloyds Syndicate Number 2001 - AMLIN Underwriting Ltd	ENG.....		164,952
00000	AA-1120104	12/01/2011	Lloyds #2012	ENG.....		206,190
00000	AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	ENG.....		32,989
00000	AA-1128987	01/01/2009	Lloyds Syndicate BRT #2987	ENG.....		54,984
00000	AA-1120075	01/01/2009	Lloyds Syndicate Number 4020 - ARK	ENG.....		98,972
00000	AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	ENG.....		164,952
00000	AA-1126006	01/01/2009	Lloyds Syndicate Number 4472 - Liberty	ENG.....		27,492
00000	AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	ENG.....		76,977
00000	AA-3194213	10/01/2012	Roundstone Insurance	BER.....		8,219,746
2099999. Accident and Health - Non-U.S. Non-Affiliates						9,852,068
2199999. Total Accident and Health - Non-Affiliates					1,942,602	33,546,363
2299999. Total Accident and Health					1,942,602	33,546,363
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					26,590,883	27,197,316
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						9,852,068
9999999 Totals - Life, Annuity and Accident and Health					26,590,883	37,049,384

ANNUAL STATEMENT FOR THE YEAR 2014 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 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance										
								9 Current Year	10 Prior Year		12 Current Year	13 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.	FL		24,872,290	25,741,360	.520,543														
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	CO/I.	OL	1,048,750	544,805	497,274	43,701														
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	CO/I.	XXXL	852,933,837	23,512,701	23,036,605	1,226,626														
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	YRT/G.	OL				.83														
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	YRT/I.	OL			282	2,105														
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	YRT/I.	XXXL																		
61689	42-0175020	01/01/1992	Aviva Life and Annuity Company	IA	OTH/I.	OL	71,457,284	23,586,014	23,725,814	.1,404,888														
68365	04-2729166	05/01/1999	AXA Re Life Insurance Company	DE	ACO/I.	VSA		(254,113)																
62308	06-0303370	10/01/1998	Connecticut General Life Insurance Co	CT	ACO/I.	VSA		5,093,228	5,558,958															
68276	48-1024691	12/31/1995	Employers Reassurance Corp	KS	CO/I.	OL	105,530,366	13,315,084	13,741,313	.870,433														
68276	48-1024691	04/01/1996	Employers Reassurance Corp	KS	YRT/I.	OL		363	29,553	(2,679)														
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	YRT/I.	OL	936,388,463	8,409,797	8,650,718	.7,426,060														
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	YRT/I.	XXXL	3,750,000			29,568														
86258	13-2572994	10/21/2003	General Re Life Corporation	CT	YRT/I.	AXXX	9,634,084	5,379	4,094	.115,090														
97071	13-3126819	06/01/2012	Generali USA Life Reassurance	MO	YRT/I.	OL	84,021	.26	.20															
97071	13-3126819	06/01/2012	Generali USA Life Reassurance	MO	YRT/I.	AXXX	569,821	132	123	.1,169														
88340	59-2859797	06/01/2012	Hannover Life Re	FL	YRT/G.	OL	2,245,403,361	1,106,237	5,111,284	.927,245														
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/I.	OL	1,250,668,473	761,512	3,539,866	.630,255														
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/I.	XXXL	40,866,000			.17,515														
88340	59-2859797	10/01/2004	Hannover Life Re	FL	YRT/I.	AXXX	96,517,837	14,655	10,412	.161,610														
65838	.01-0233346	05/01/1997	John Hancock Life Insurance Co	MI	OTH/I.	VSA		4,974	4,504															
65676	35-0472300	01/01/1982	Lincoln National Life Insurance Co	IN	ACO/I.	FL		35,697,790	37,048,866	.168,940														
65676	35-0472300	03/01/1944	Lincoln National Life Insurance Co	IN	MCO/I.	OL	4,095,965			.87,614				2,638,170										
65676	35-0472300	04/01/1998	Lincoln National Life	IN	YRT/G.	OL	.650,479,125	964,218	4,194,274	1,260,325														
65676	35-0472300	02/01/1984	Lincoln National Life Insurance Co	IN	CO/I.	OL	3,451,000		350,889	.15,285														
65676	35-0472300	04/01/1998	Lincoln National Life	IN	YRT/I.	OL	2,629,469,614	3,793,069	12,065,878	.8,001,781														
65676	35-0472300	04/01/1998	Lincoln National Life	IN	YRT/I.	XXXL	3,480,875,640	12,344,176	11,942,382	11,715,687														
65676	35-0472300	04/01/1998	Lincoln National Life	IN	YRT/I.	AXXX	.3,143,219	3,311	.3,076	.12,893														
66346	58-0828824	01/01/1998	Munich American Reassurance Co	GA	YRT/I.	OL	141,094,056	924,516	1,015,397	.613,928														
88099	75-1608507	02/01/1987	Optimum Re Ins Co	TX	CO/I.	OL		54,842	54,842	.29,493														
88099	75-1608507	01/01/1986	Optimum Re Ins Co	TX	YRT/I.	OL		26,452	26,452	.53,391														
93572	43-1235868	04/01/2004	Reinsurance Group of America	MO	ACO/I.	VSA																		
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	CO/I.	OL	527,500	5,459	5,170	.1,802														
93572	43-1235868	10/01/1980	Reinsurance Group of America	MO	CO/I.	XXXL	.722,944,765	15,483,203	15,343,984	.1,696,975														
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	YRT/I.	OL	5,182,776,080	16,631,191	21,464,883	24,318,678														
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	YRT/I.	XXXL	.198,972,171	374,146	353,400	.371,219														
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	YRT/I.	AXXX	.150,825,998	.27,107	.20,462	.442,915														
93572	43-1235868	04/01/1992	Reinsurance Group of America	MO	YRT/G.	OL	.884,498,833	2,715,833	.5,096,700	.1,858,495														
70688	.36-6071399	09/01/1981	Scor Global Life Americas Reinsurance Co	DE	CO/I.	OL	3,239,588,051	76,192,438	77,320,056	.6,098,478														
70688	.36-6071399	09/01/1989	Scor Global Life Americas Reinsurance Co	DE	YRT/G.	OL	.22,055,000	.310,265	.301,570	.156,013														
70688	.36-6071399	04/01/2008	Scor Global Life Americas Reinsurance Co	DE	YRT/I.	OL	.1,209,772,837	.9,110,463	.9,051,645	.4,262,675														
64688	75-6020048	04/01/2008	Scor Global Life Americas Reinsurance Co	DE	YRT/I.	XXXL	.40,643,000			.8,307														
64688	75-6020048	04/01/2008	Scor Global Life Americas Reinsurance Co	DE	YRT/I.	AXXX	.19,774,236	2,303	.259	.2,569														
87572	.23-2038295	10/01/2002	Scottish Re	NC	ACO/I.	FL		.37,331,687	.39,696,065	.64														
87572	.23-2038295	10/01/2002	Scottish Re	NC	CO/I.	OL				.23,390														
87572	.23-2038295	10/01/2002	Scottish Re	NC	YRT/G.	OL	.796,192,274	.5,362,288	.5,255,374	.2,688,157														
87572	.23-2038295	10/01/2002	Scottish Re	NC	YRT/I.	OL	.1,008,894,906	.9,381,638	.10,098,302	.7,409,632														
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I.	FL		.494,604			.27,647													
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I.	VGAA		.2,168,842	.2,455,906															
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	ACO/I.	VSA		.80,976,488	.79,656,037	.1,850,141														
68713	.84-0499703	01/27/1996	Security Life of Denver	CO	YRT/G.	OL	.530,718,687	.1,176,532	.3,498,004	.1,160,650														
68713	.84-0499703	06/01/1997	Security Life of Denver Ins Co	CO	YRT/I.	OL	.1,875,106,877	.7,621,014	.15,822,927	.7,259,299														
68713	.84-0499703	06/01/1997	Security Life of Denver Ins Co	CO	YRT/I.	AXXX	.37,263,509	.10,940,523	.10,365,827	.491,915														

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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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 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
68713	84-0499703	01/27/1996	Security Life of Denver	CO	CO/I..	OL	393,750	7,626	7,297	(6)				
68713	84-0499703	01/27/1996	Security Life of Denver	CO	CO/I..	XXXL	1,745,588,976	46,217,363	45,635,777	3,144,205				
82627	06-0839705	09/01/1980	Swiss Re Life and Health America Inc	NY	YRT/G..	OL	3,100,878,951	1,900,607	9,080,823	2,372,892				
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	NY	ACO/I..	VSA		2,868,442	3,100,647					
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	CT	YRT/I..	OL	1,840,605,867	2,792,018	6,651,680	5,178,191				
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	CT	YRT/I..	XXXL	73,786,224			91,350				
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	CT	YRT/I..	AXXX	221,677,153	141,978	113,611	528,928				
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	CT	CO/I..	OL	4,866,995	2,275,145	2,239,040	69,876				
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	CT	CO/I..	XXXL	1,321,487,176	35,660,754	35,172,649	2,207,122				
82627	06-0839705	01/19/2005	Swiss Re Life & Health America	CT	OTH/G..	OL	79,089,224			140,296				
82627	06-0839705	01/01/1991	Swiss Re Life and Health America Inc	NY	ADB/G..	OL				702				
82627	06-0839705	06/15/1953	Swiss Re Life and Health America Inc	NY	MCO/I..	OL				52,328				
82627	06-0839705	08/01/2005	Swiss Re Life and Health America Inc	NY	ADB/I..	OL								
86231	39-0989781	05/01/1997	Transamerica Life Insurance Co	IA	OTH/I..	VSA		4,974	4,504					
62596	31-0252460	01/01/1986	Union Fidelity Life Company	IL	OTH/G..	OL	280,000	8,173	5,672	3,775				
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	AMCO/I..	OL							25,280,757	
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	MCO/I..	OL							39,679,790	
70335	94-0971150	01/01/1994	West Coast Life Ins Company	CA	OTH/I..	OL	5,981,573	51,543	49,450	1,268,462				
	0899999.	General Account - Authorized U.S. Non-Affiliates					36,842,651,529	523,016,105	574,221,957	110,520,691				67,598,717
	1099999.	Total General Account - Authorized Non-Affiliates					36,842,651,529	523,016,105	574,221,957	110,520,691				67,598,717
	1199999.	Total General Account Authorized					36,842,651,529	523,016,105	574,221,957	110,520,691				67,598,717
	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..	OL	430,121	281,879	314,971	8,485			
	1999999.	General Account - Unauthorized U.S. Non-Affiliates					430,121	281,879	314,971	8,485				
	00000	AA-3190878	07/01/2002	Wilton Reinsurance Bermuda Ltd	BM	YRT/I..	OL	20,652,009	927,769	946,694	138,213			
	2099999.	General Account - Unauthorized Non-U.S. Non-Affiliates					20,652,009	927,769	946,694	138,213				
	2199999.	Total General Account - Unauthorized Non-Affiliates					21,082,130	1,209,648	1,261,665	146,698				
	2299999.	Total General Account Unauthorized					21,082,130	1,209,648	1,261,665	146,698				
	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					36,863,733,659	524,225,753	575,483,622	110,667,389				67,598,717
	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	07/01/2004	Security Benefits Life Insurance Co	KS	ACO/I..	VSA			3,596,440				415,649,395
	4299999.	Separate Accounts - Authorized U.S. Non-Affiliates								3,596,440				415,649,395
	4499999.	Total Separate Accounts - Authorized Non-Affiliates								3,596,440				415,649,395
	4599999.	Total Separate Accounts Authorized								3,596,440				415,649,395
	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								3,596,440				415,649,395

ANNUAL STATEMENT FOR THE YEAR 2014 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 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							36,843,081,650	523,297,984	574,536,928	114,125,616			483,248,112	
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							20,652,009	927,769	946,694	138,213				
9999999 - Totals							36,863,733,659	524,225,753	575,483,622	114,263,829			483,248,112	

ANNUAL STATEMENT FOR THE YEAR 2014 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 Domi- ciliary Juris- diction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Ccoinsurance Reserve	14 Funds Withheld Under Ccoinsurance
										11 Current Year	12 Prior Year		
23787	31-417100	01/01/1996	Nationwide Mutual Insurance Company	OH	MC0/G.	OH	205,297,379						77,823,330
0299999.	General Account - Authorized U.S. Affiliates - Other						205,297,379						77,823,330
0399999.	Total General Account - Authorized U.S. Affiliates						205,297,379						77,823,330
0699999.	Total General Account - Authorized Non-U.S. Affiliates												
0799999.	Total General Account - Authorized Affiliates						205,297,379						77,823,330
22667	.95-2371728	08/01/2003	ACE American	PA	CO/G.	OH	33,691	15,829					
71439	.38-1843471	07/01/2003	Assurity Life Insurance Company	NE	CO/I.	STD1	916,385	131,073	7,991,692				
61883	.42-0884060	10/01/2002	Central United Life Insurance Company	TX	CO/I.	STD1	118,764		804,890				
62359	.36-1824600	11/01/2002	Constitution Life Insurance Company	TX	CO/I.	MS	9,284,382	1,277,365	2,315,657				
70939	.13-2611847	01/01/2007	Gerber Life Insurance Company	NY	OTH/G.	SLEL	21,202,697						
42374	.74-2195939	09/24/2004	Houston Casualty Company	TX	OTH/G.	OH	238,216	117,698					
65676	.35-0472300	02/01/1984	Lincoln National Life Insurance Co	IN	CO/I.	STD1			343,884				
00000	.AA-1120055	03/01/2010	Lloyds #3623	ENG	CO/G.	OH	295,501	105,497					
00000	.AA-1120055	03/01/2010	Lloyds #3623	ENG	CO/G.	SLEL	612,999	38,501					
00000	.AA-1120103	04/01/2012	Lloyds #1967	ENG	CO/G.	OH	42,579						
00000	.AA-1120103	04/01/2012	Lloyds #1967	ENG	CO/G.	SLEL	367,803	23,101					
00000	.AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	ENG	CO/G.	OH	70,965						
00000	.AA-1126033	01/01/2009	Lloyds Syndicate HIS #0033	ENG	CO/G.	SLEL	612,999	38,501					
00000	.AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	ENG	CO/G.	OH	23,655						
00000	.AA-1126457	01/01/2009	Lloyds Syndicate WTK #0457	ENG	CO/G.	SLEL	204,333	12,834					
00000	.AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	ENG	CO/G.	OH	70,965						
00000	.AA-1126510	01/01/2009	Lloyds Syndicate KLN #0510	ENG	CO/G.	SLEL	612,999	38,501					
00000	.AA-1127183	01/01/2009	Lloyds Syndicate Number 1183 - Talbot	ENG	CAT/I.	OH	23,655						
00000	.AA-1127183	01/01/2009	Lloyds Syndicate Number 1183 - Talbot	ENG	CAT/I.	SLEL	204,333	12,834					
00000	.AA-1127200	09/26/2011	Lloyds Syndicate Number 1200	ENG	CO/G.	OH	14,193						
00000	.AA-1127200	09/26/2011	Lloyds Syndicate Number 1200	ENG	CO/G.	SLEL	122,601	7,700					
00000	.AA-1127206	06/01/2006	Lloyds Syndicate CAP #1206	ENG	CO/G.	OH	11,827						
00000	.AA-1127206	06/01/2006	Lloyds Syndicate CAP #1206	ENG	CO/G.	SLEL	102,167	6,417					
00000	.AA-1127861	01/01/2013	Lloyds Syndicate #1861	ENG	OTH/G.	OH	14,193						
00000	.AA-1127861	01/01/2013	Lloyds Syndicate #1861	ENG	OTH/G.	SLEL	122,601	7,700					
00000	.AA-1128001	01/01/2009	Lloyds Syndicate Number 2001 - AMLIN Underwriting Ltd	ENG	CAT/I.	OH	33,117						
00000	.AA-1128001	01/01/2009	Lloyds Syndicate Number 2001 - AMLIN Underwriting Ltd	ENG	CAT/I.	SLEL	286,065	17,967					
00000	.AA-1120104	12/01/2011	Lloyds #2012	ENG	CO/G.	OH	14,193						
00000	.AA-1120104	12/01/2011	Lloyds #2012	ENG	CO/G.	SLEL	122,595	7,700					
00000	.AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	ENG	CO/G.	OH	23,655						
00000	.AA-1128488	01/01/2009	Lloyds Syndicate AGM #2488	ENG	CO/G.	SLEL	204,333	12,834					
00000	.AA-1128987	01/01/2009	Lloyds Syndicate BRT #2987	ENG	CO/G.	OH	88,706						
00000	.AA-1128987	01/01/2009	Lloyds Syndicate BRT #2987	ENG	CO/G.	SLEL	766,249	48,127					
00000	.AA-1120075	01/01/2009	Lloyds Syndicate Number 4020 - ARK	ENG	CAT/I.	OH	70,965						
00000	.AA-1120075	01/01/2009	Lloyds Syndicate Number 4020 - ARK	ENG	CAT/I.	SLEL	612,999	38,501					
00000	.AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	ENG	CO/G.	OH	11,827						
00000	.AA-1126004	01/01/2009	Lloyds Syndicate CNP #4444	ENG	CO/G.	SLEL	102,167	6,417					
00000	.AA-1126006	01/01/2009	Lloyds Syndicate Number 4472 - Liberty	ENG	CAT/I.	OH	70,965						
00000	.AA-1126006	01/01/2009	Lloyds Syndicate Number 4472 - Liberty	ENG	CAT/I.	SLEL	612,999	38,501					
00000	.AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	ENG	CO/G.	OH	35,482						
00000	.AA-1126003	01/01/2009	Lloyds Syndicate TRV #5000	ENG	CO/G.	SLEL	306,505	19,251					
20087	.47-0355979	08/01/2013	National Indemnity Company	NE	CO/G.	S	17,606,765						
38636	.13-3031176	04/01/2012	Partner Reinsurance Co of the US	NY	CO/G.	OH	112,302	52,765					
68209	.62-0506281	07/01/1991	Provident Life & Casualty Insurance Company	TN	CO/I.	STD1	757,024		25,123,745				
10219	.23-1641984	01/01/2011	QBE Reinsurance	PA	CO/G.	OH	78,611	36,935					
93572	.43-1235868	11/15/1983	Reinsurance Group of America	MO	YRT/G.	SLEL	5,601,807	11,627,107					
68381	.36-0883760	04/01/2010	Reliance Standard Life Inc	IL	CO/G.	LTD1	2,178,510		3,221,752				
82627	.06-0839705	05/01/1987	Swiss Re Life and Health America Inc	NY	CO/G.	OH			16,344				
82627	.06-0839705	01/19/2005	Swiss Re Life and Health America	CT	OTH/G.	A	22,193			577			
61425	.36-0792925	05/01/1987	Trustmark Insurance Co (Mutual)	IL	CO/I.	CMM	15,200						

ANNUAL STATEMENT FOR THE YEAR 2014 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 Domi- ciliary Juris- diction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
62596	31-0252460	01/01/2009	Union Fidelity	PA	CO/I	STD1	2,646	(93)	93				
63479	58-0869673	04/01/1992	United Teacher Associates Insurance Co	GA	CO/I	STD1	322		328,709				
90611	41-1366075	12/01/1992	Allianz Life Ins. Co. of North America	MN	CO/G	OH			109,599				
70335	94-0971150	01/01/1994	West Coast Life	CA	MOFW/I	STD1							35,724
70335	94-0971150	01/01/1994	West Coast Life	CA	OTH/G	STD1	6,824	43,557					
00000	AA-1340125	08/01/2013	Hannover Rückversicherung AG	GER	CO/G	OH	60,000	5,054					
0899999	General Account - Authorized U.S. Non-Affiliates						65,129,529	13,788,174	40,256,942				35,724
1099999	Total General Account - Authorized Non-Affiliates						65,129,529	13,788,174	40,256,942				35,724
1199999	Total General Account Authorized						270,426,908	13,788,174	40,256,942				77,859,054
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-3194213	10/01/2012	Roundstone Insurance	BER	OTH/G	SLEL	29,827,100						
2099999	General Account - Unauthorized Non-U.S. Non-Affiliates						29,827,100						
2199999	Total General Account - Unauthorized Non-Affiliates						29,827,100						
2299999	Total General Account Unauthorized						29,827,100						
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						300,254,008	13,788,174	40,256,942				77,859,054
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)						270,426,908	13,788,174	40,256,942				77,859,054
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						29,827,100						
9999999	Totals						300,254,008	13,788,174	40,256,942				77,859,054

ANNUAL STATEMENT FOR THE YEAR 2014 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	281,879		5,805		287,684					1,795,326				287,684
0899999. General Account - Life and Annuity U.S. Non-Affiliates	281,879		5,805		287,684			XXX		1,795,326				287,684
00000 .. AA-3190878 .. 07/01/2002 .. Wilton Reinsurance Bermuda Ltd	927,769				927,769		900,000							900,000
0999999. General Account - Life and Annuity Non-U.S. Non-Affiliates			927,769			927,769		900,000	XXX					900,000
1099999. Total General Account - Life and Annuity Non-Affiliates	1,209,648		5,805		1,215,453		900,000	XXX		1,795,326				1,187,684
1199999. Total General Account Life and Annuity	1,209,648		5,805		1,215,453		900,000	XXX		1,795,326				1,187,684
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	1,209,648		5,805		1,215,453		900,000	XXX		1,795,326				1,187,684
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)	281,879		5,805		287,684			XXX		1,795,326				287,684
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	927,769				927,769		900,000	XXX						900,000
9999999 - Totals			1,209,648	5,805		1,215,453	900,000	XXX		1,795,326				1,187,684

(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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	414,518	385,617	327,474	322,394	393,187
2. Commissions and reinsurance expense allowances	87,180	73,350	63,986	61,665	75,382
3. Contract claims	333,639	296,966	300,828	336,127	390,358
4. Surrender benefits and withdrawals for life contracts	57,983	3,571	3,444	2,977	397
5. Dividends to policyholders	744	643	1,621	1,886	3,626
6. Reserve adjustments on reinsurance ceded	(1,688)	14,006	(6,291)	(50,449)	8,626
7. Increase in aggregate reserve for life and accident and health contracts	51,894	(7,395)	(7,646)	(10,169)	(38,209)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	36,586	29,967	18,624	12,109	9,740
9. Aggregate reserves for life and accident and health contracts	578,271	630,165	635,560	643,207	652,044
10. Liability for deposit-type contracts	116	119	132	147	32
11. Contract claims unpaid	37,049	33,705	20,463	22,093	21,594
12. Amounts recoverable on reinsurance	26,591	23,112	22,266	8,728	23,455
13. Experience rating refunds due or unpaid		16,759	7,992	6,297	18,792
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due	2,375	9,938	26,721	9,184	12,420
16. Unauthorized reinsurance offset	28	292	74	419	240
17. Offset for reinsurance with Certified Reinsurers				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)	1,795	1,792	1,789	1,786	1,783
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust				XXX	XXX
23. Funds deposited by and withheld from (F)				XXX	XXX
24. Letters of credit (L)				XXX	XXX
25. Trust agreements (T)				XXX	XXX
26. Other (O)				XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 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)	39,180,212,025		39,180,212,025
2. Reinsurance (Line 16)	45,231,157	(45,231,157)	
3. Premiums and considerations (Line 15)	88,482,524	36,585,670	125,068,194
4. Net credit for ceded reinsurance	XXX	623,858,517	623,858,517
5. All other admitted assets (balance)	1,419,612,138		1,419,612,138
6. Total assets excluding Separate Accounts (Line 26)	40,733,537,844	615,213,030	41,348,750,874
7. Separate Account assets (Line 27)	87,851,532,331		87,851,532,331
8. Total assets (Line 28)	128,585,070,175	615,213,030	129,200,283,205
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	29,884,852,814	578,191,416	30,463,044,230
10. Liability for deposit-type contracts (Line 3)	2,997,867,533		2,997,867,533
11. Claim reserves (Line 4)	94,372,341	37,049,383	131,421,724
12. Policyholder dividends/reserves (Lines 5 through 7)	55,912,928		55,912,928
13. Premium & annuity considerations received in advance (Line 8)	4,009,898		4,009,898
14. Other contract liabilities (Line 9)	34,445,828		34,445,828
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	27,769	(27,769)	
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)	3,254,070,560		3,254,070,560
20. Total liabilities excluding Separate Accounts (Line 26)	36,325,559,671	615,213,030	36,940,772,701
21. Separate Account liabilities (Line 27)	87,851,532,331		87,851,532,331
22. Total liabilities (Line 28)	124,177,092,002	615,213,030	124,792,305,032
23. Capital & surplus (Line 38)	4,407,978,173	XXX	4,407,978,173
24. Total liabilities, capital & surplus (Line 39)	128,585,070,175	615,213,030	129,200,283,205
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	578,191,416		
26. Claim reserves	37,049,383		
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	45,231,157		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	660,471,956		
34. Premiums and considerations	36,585,670		
35. Reinsurance in unauthorized companies	27,769		
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	36,613,439		
41. Total net credit for ceded reinsurance	623,858,517		

ANNUAL STATEMENT FOR THE YEAR 2014 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	4,766,584	5,050,566				9,817,150
2. Alaska	AK	231,931	2,269,239				2,501,170
3. Arizona	AZ	24,434,748	12,868,388				37,303,136
4. Arkansas	AR	2,060,655	5,814,968				7,875,624
5. California	CA	111,868,954	56,147,158				168,016,112
6. Colorado	CO	8,583,722	15,508,632				24,092,355
7. Connecticut	CT	7,478,125	27,232,245				34,710,370
8. Delaware	DE	121,275,929	5,104,137				126,380,066
9. District of Columbia	DC	926,899	911,011				1,837,910
10. Florida	FL	69,737,980	49,163,674				118,901,654
11. Georgia	GA	31,120,986	13,050,180				44,171,166
12. Hawaii	HI	1,504,675	7,137,449				8,642,124
13. Idaho	ID	1,954,333	1,334,783				3,289,116
14. Illinois	IL	88,336,525	28,742,017				117,078,542
15. Indiana	IN	26,608,487	14,430,775				41,039,262
16. Iowa	IA	7,128,503	2,818,455				9,946,958
17. Kansas	KS	4,157,824	5,969,822				10,127,646
18. Kentucky	KY	12,167,752	8,346,448				20,514,199
19. Louisiana	LA	2,639,317	3,334,181				5,973,497
20. Maine	ME	1,124,347	2,701,288				3,825,636
21. Maryland	MD	25,882,226	19,495,703				45,377,929
22. Massachusetts	MA	43,773,614	57,577,343				101,350,957
23. Michigan	MI	26,440,199	18,858,778				45,298,976
24. Minnesota	MN	24,831,871	7,271,532				32,103,403
25. Mississippi	MS	3,580,883	584,380				4,165,264
26. Missouri	MO	16,389,671	8,792,180				25,181,851
27. Montana	MT	397,479	2,589,137				2,986,616
28. Nebraska	NE	831,445	1,142,630				1,974,075
29. Nevada	NV	1,958,656	4,112,117				6,070,772
30. New Hampshire	NH	2,662,084	5,539,298				8,201,382
31. New Jersey	NJ	58,681,144	26,973,478				85,654,622
32. New Mexico	NM	572,656	1,832,245				2,404,902
33. New York	NY	137,072,461	78,633,968				215,706,428
34. North Carolina	NC	65,386,756	19,361,450				84,748,206
35. North Dakota	ND	27,383,343	272,457				27,655,800
36. Ohio	OH	55,194,485	34,165,216			853,050,930	942,410,631
37. Oklahoma	OK	1,305,800	5,328,337				6,634,137
38. Oregon	OR	1,981,100	9,039,981				11,021,082
39. Pennsylvania	PA	73,998,428	58,237,330				132,235,757
40. Rhode Island	RI	3,849,368	3,832,177				7,681,545
41. South Carolina	SC	7,133,540	8,319,067				15,452,607
42. South Dakota	SD	607,217	282,707				889,924
43. Tennessee	TN	6,547,541	15,444,211				21,991,752
44. Texas	TX	60,728,312	30,613,504				91,341,816
45. Utah	UT	6,017,262	3,398,016				9,415,277
46. Vermont	VT	1,555,523	1,878,046				3,433,569
47. Virginia	VA	23,584,063	12,185,813				35,769,876
48. Washington	WA	3,145,942	19,256,310				22,402,252
49. West Virginia	WV	5,066,060	7,416,635				12,482,695
50. Wisconsin	WI	4,925,411	8,842,953				13,768,363
51. Wyoming	WY	1,878,206	163,479				2,041,686
52. American Samoa	AS	25,847					25,847
53. Guam	GU	1,454					1,454
54. Puerto Rico	PR	416,732	648,348				1,065,081
55. U.S. Virgin Islands	VI	48,333	100,000				148,333
56. Northern Mariana Islands	MP						
57. Canada	CAN	93,899					93,899
58. Aggregate Other Alien	OT	941,973					941,973
59. Total		1,222,999,261	740,124,242			853,050,930	2,816,174,433

ANNUAL STATEMENT FOR THE YEAR 2014 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	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0140	Nationwide		31-1486309	4590018			10 W. Nationwide, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				1000 Yard Street, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4594954			101 N. Twentieth St., LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				1050 Yard Street, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				1125 Rail Street, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1730366	4594963			120 Acre Partners, LLC	..DE	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..95.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		26-2451988	4288132			1492 Capital, LLC	..OH	..N/A	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309				155 Rivulon Boulevard, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-1347603	4594806			180 E. Broad Partners, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..33.330	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		31-1486309				275 Rivulon Boulevard, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590835			400 West Nationwide Boulevard, LLC	..OH	..N/A	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591140			425 West Nationwide Boulevard, LLC	..OH	..N/A	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4595009			44 Chestnut, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4590497			775 Yard Street Restaurant, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4590750			775 Yard Street, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				780 Yard Street, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4671583			795 Rail Street, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4590602			800 Bobcat Avenue, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4671499			800 Goodale Boulevard, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4671789			800 Yard Street, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4590778			805 Bobcat Avenue, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4590611			845 Yard Street, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4590787			850 Goodale Blvd., LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4590714			895 W. Third Ave., LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				925 Burrell Avenue Acquisitions, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866				975 Rail Street, LLC	..OH	..N/A	NRI Equity Land Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1680808	4594833			AD Investments, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	.60.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		31-1580283	4590992			ADTV, LLC	..OH	..N/A	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		52-2227314	42877247			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	1677548			ALLIED Group, Inc.	..IA	..UDP	Allied Holdings -Delaware-, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-4628790	4613462			Allied Holdings -Delaware-, Inc.	..DE	..IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		10127	27-0114983	4288169		ALLIED Insurance Company of America	..OH	..IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45279	42-1201931	4287144		ALLIED Property and Casualty Insurance Company	..IA	..IA	ALLIED Group, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		42-1527863		4287238		ALLIED Texas Agency, Inc.	..TX	..IA	AMCO Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		19100	42-6054595	4287153		AMCO Insurance Company	..IA	..IA	ALLIED Group, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		59-1031596		4288011		American Marine Underwriters, Inc.	..FL	..IA	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4595036			Anderson Meadows, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591177			Arena District CA 1, LLC	..OH	..N/A	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		90-0280710				Arena District Owners Association	..OH		Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		31-1580283	4591010			Arena Theatres, LLC	..OH	..N/A	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Artesa at Quarry Village, LLC	..TX		Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		20-3624379		4595371		BCCS Investment Fund LLC	..DE	..N/A	Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1184438		4594842		Berkshire Crossing Development, LLC	..DE	..N/A	NorthStar Commercial Development, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1555487		4593658		Boulevard Inn Limited Liability Company	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	.94.800	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		20-3624379		4595531		Broad Street Retail, LLC	..DE	..N/A	Nationwide Realty Investors, Ltd.	Ownership	.60.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		26-0899413		3730540		Brooke School Investment Fund, LLC	..DE		Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-1618232		4595241		CHP New Markets Investment Fund, LLC	..OH		Nationwide Mutual Insurance Company	Limited partner /no control	.50.000	other non-Nationwide	
..0140	Nationwide		20-1618232		4595045		CNRI-Cannonsport Condominium, LLC	..OH	..N/A	CNRI-Cannonsport, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						CNRI-Cannonsport, LLC	..OH	..N/A	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0140	Nationwide		31-1579973				Co-Investment Fund, LLC	DE		Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide	29262	74-1061659	4288057			COLHOC Limited Partnership	OH	NIA	NRI Arena, LLC	Ownership	30.760	Other non-Nationwide	.1
..0140	Nationwide		45-4901238				Colonial County Mutual Insurance Company	TX		Other non-Nationwide	contract		Other non-Nationwide	
..0140	Nationwide						Columbus Arena Management, LLC	OH		Other non-Nationwide			Other non-Nationwide	
..0140	Nationwide		04-3750770	4595951			Continental/NRI North Shore Investments, LLC	OH	NIA	Continental/NRI North Shore Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-0366090	3327212			Continental/North Shore I, L.P.	OH	NIA	Continental/NRI North Shore Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-0142724	4588177			Continental/North Shore II, L.P.	OH	NIA				Nationwide Mutual Insurance Company	
..0140	Nationwide		26-4177534	4595670			Continental/NRI North Shore Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	50.500	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		18961	68-0066866	4288178		Cotton Mill Partners, LLC	VA	NIA	Nationwide Mutual Insurance Company	Ownership	50.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		31-1486309	4590255						Nationwide Property and Casualty			Nationwide Mutual Insurance Company	
..0140	Nationwide		42587	42-1207150	4287162		Cotton Mill Partners, LLC	VA	NIA	Insurance Company	Ownership	50.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						Crestbrook Insurance Company	OH	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Crewville, Ltd.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Depositors Insurance Company	IA	IA	ALLIED Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Discover Affordable Housing Investment Fund I, LLC	OH		Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		33-0096671	4287694			DVM Insurance Agency	CA	NIA	Veterinary Pet Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-1945276	4590590			East of Madison, LLC	DE	NIA	120 Acre Partners, Ltd.	Ownership	24.910	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		20-1945276	4590590			East of Madison, LLC	DE	NIA	ND La Quinta Partners, LLC	Ownership	76.090	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		20-5268940	4595689			ELH Investment LLC	DE		Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		13838	42-0618271	4569372		Farmland Mutual Insurance Company	IA		Other non-Nationwide	debt		Other non-Nationwide	
..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			46-4736379						Other non-Nationwide	n/a		other non-Nationwide	
..0140	Nationwide			20-4939866	4590808		GPN-1 Property Owners Association, Inc.	OH					Nationwide Mutual Insurance Company	
..0140	Nationwide			20-4939866	4590826		Grandview Yard Hotel Holdings, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			51-0241172	3582909		Grandview Yard Hotel, LLC	OH	NIA	Grandview Yard Hotel Holdings, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			23582	41-0417250	4442260	Harleysville Group, Inc.	DE	NIA	Allied Holdings -Delaware), Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						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						Harleysville Lake States Insurance Company	PA		Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			14516	38-3198542	4442251				Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			64327	23-1580983	4440659				Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Harleysville Pennland Insurance Company	PA		Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Harleysville Preferred Insurance Company	PA	IA	Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			35896	23-2384978	4442288				Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			26182	04-1989660	4442372				Harleysville Group, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Hideaway Properties Corp.	CA	IA	Nationwide Realty Investors, Ltd.	Ownership	50.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Insurance Intermediaries, Inc.	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						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		Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide						Jerome Village Residential Property Owners Association, Inc.	OH	NIA	Other non-Nationwide	n/a		Other non-Nationwide	2
..0140	Nationwide						JV Developers, LLC	OH		Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Leaguers Investment Fund, LLC	DE		Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Life REO Holdings, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Lone Star General Agency, Inc.	TX	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0140	Nationwide		20-3624379	4595700			Match School Investment Fund, LLC	DE		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	
							National Casualty Company of America, Ltd.							
..0140	Nationwide		42-1154244	4614900				GBR	IA	National Casualty Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		42-1154244	2889795			Nationwide Advantage Mortgage Company	IA	NIA	AMCO Insurance Company	Ownership	.87.300	Nationwide Mutual Insurance Company	
..0140	Nationwide		42-1154244	2889795			Nationwide Advantage Mortgage Company	IA	NIA	ALLIED Property & Casualty Insurance Company	Ownership	.8.470	Nationwide Mutual Insurance Company	
..0140	Nationwide		42-1154244	2889795			Nationwide Advantage Mortgage Company	IA	NIA	Depositors Insurance Company	Ownership	.4.230	Nationwide Mutual Insurance Company	
..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	4595910			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, LLC	Ownership	.90.000	Nationwide Mutual Insurance Company	.1
..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			Nationwide Financial Services, Inc.	Ownership	.100.000	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 Mutual Fire Insurance Company	Ownership			
..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			NFS Distributors, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-6554353	4286978			Distributors Agency, Inc.	DE	NIA	NFS Distributors, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486870	3828063			Nationwide Financial Services Capital Trust	DE	NIA	Nationwide Financial Services, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-6022301				Nationwide Financial Services, Inc.	DE	UDP	Nationwide Corporation	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		52-6969857	4286996			Nationwide Foundation	OH		Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		31-1748721	42877050			Nationwide Fund Advisors	DE	NIA	Nationwide Financial Services, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-0900518	4287041			Nationwide Fund Distributors LLC	DE	NIA	NFS Distributors, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		23760	31-4425763	4287957		Nationwide Fund Management LLC	DE	IA	NFS Distributors, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1570938	4286398			Nationwide General Insurance Company	OH	NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		04-3732385	4286857			Nationwide Global Holdings, Inc.	OH	NIA	Nationwide Corporation	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1399201	2839398			Nationwide Global Ventures, Inc.	DE	NIA	Nationwide Asset Management Holdings, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		25453	95-2130882	4287180		Nationwide Indemnity Company	OH	IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		10948	31-1613686	4287966		Nationwide Insurance Company of America	WI	IA	ALLIED Group, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		41-2206199	4286950			Nationwide Insurance Company of Florida	OH	IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		73-0988442	4286923			Nationwide Investment Advisors, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		92657	31-1000740	2995098		Nationwide Investment Services Corporation	OK	NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		66869	31-4156830	2819288		Nationwide Life and Annuity Insurance Company	OH	IA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		13-4212969	4596127			Nationwide Life Insurance Company	OH	RE	Nationwide Financial Services, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		01-0749754	4595960			Nationwide Life Tax Credit Partners 2002-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	.010	Nationwide Mutual Insurance Company	2
..0140	Nationwide						Nationwide Life Tax Credit Partners 2002-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	.010	Nationwide Mutual Insurance Company	2

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SCHEDULE Y
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0140	Nationwide		03-0498148	3262573			Nationwide Life Tax Credit Partners 2002-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		54-2113175	4596127			Nationwide Life Tax Credit Partners 2003-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		58-2672725	4596163			Nationwide Life Tax Credit Partners 2003-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	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	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-0382144	4596707			Nationwide Life Tax Credit Partners 2004-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-0745944	4596211			Nationwide Life Tax Credit Partners 2004-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-0745965	4596239			Nationwide Life Tax Credit Partners 2004-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-1128408	4596332			Nationwide Life Tax Credit Partners 2004-D, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-1128472	4596350			Nationwide Life Tax Credit Partners 2004-E, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	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	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2303694	4596369			Nationwide Life Tax Credit Partners 2005-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2303602	4596378			Nationwide Life Tax Credit Partners 2005-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2450960	4596387			Nationwide Life Tax Credit Partners 2005-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2451052	4596396			Nationwide Life Tax Credit Partners 2005-D, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		20-2774223	4596408			Nationwide Life Tax Credit Partners 2005-E, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		21-1288836	4596426			Nationwide Life Tax Credit Partners 2007-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-3427373	4596435			Nationwide Life Tax Credit Partners 2009-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-3427435	4596444			Nationwide Life Tax Credit Partners 2009-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-3427479	4596499			Nationwide Life Tax Credit Partners 2009-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-3427525	4596510			Nationwide Life Tax Credit Partners 2009-D, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-4737055	4596529			Nationwide Life Tax Credit Partners 2009-E, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		26-4737157	4596547			Nationwide Life Tax Credit Partners 2009-F, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	2
0140	Nationwide		27-1362364	4596622			Nationwide Life Tax Credit Partners 2009-I, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		45-0469525	3779811			Nationwide Life Tax Credit Partners No. 1, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
0140	Nationwide		46-1952215	4596556			Nationwide Life Tax Credit Partners 2013-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2

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

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52.4														
..0140	Nationwide		46-1971926	4596592			Nationwide Life Tax Credit Partners 2013-B, LLC	OH	NIA	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	2
..0140	Nationwide	42110	75-1780981	4287984			Nationwide Lloyds	TX	IA	n/a	contract		Nationwide Mutual Insurance Company	
..0140	Nationwide		42-1373380	4287210			Nationwide Member Solutions Agency, Inc.	IA	NIA	ALLIED Group, Inc.	Ownership	.100,000	Nationwide Mutual Insurance Company	
..0140	Nationwide			4597094			Nationwide Mutual Capital I, LLC	DE	NIA	Nationwide Mutual Capital, LLC	Ownership	.100,000	Nationwide Mutual Insurance Company	
..0140	Nationwide			75-3191025	4595269		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		Other non-Nationwide			Nationwide Mutual Insurance Company	
..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	.96,800	Nationwide Mutual Insurance Company	
..0140	Nationwide			31-1486309	4288105		Nationwide Realty Investors, Ltd.	OH	NIA	Nationwide Indemnity Company	Ownership	.3,200	Nationwide Mutual Insurance Company	
..0140	Nationwide			31-1486309	4590264		Nationwide Realty Management, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100,000	Nationwide Mutual Insurance Company	
..0140	Nationwide				4288066		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.	Ownership	.100,000	Nationwide Mutual Insurance Company	
..0140	Nationwide				74-2200854	4287135	Nationwide Retirement Solutions, Inc. of Texas	TX	NIA	Nationwide Retirement Solutions, 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						Nationwide Tax Credit Partners 2009-G, LLC	OH	NIA	Nationwide Mutual Insurance Company	Other	.010	Nationwide Mutual Insurance Company	2
..0140	Nationwide				27-0743545	4564041	Nationwide Tax Credit Partners 2009-H, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	.100,000	Nationwide Mutual Insurance Company	2
..0140	Nationwide				27-0768791	4596891	Nationwide Tax Credit Partners 2009-I, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	.100,000	Nationwide Mutual Insurance Company	2
..0140	Nationwide				27-1362364	4596622	Nationwide Tax Credit Partners 2013-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	.010	Nationwide Mutual Insurance Company	2
..0140	Nationwide				46-1952215	4596566	Nationwide Tax Credit Partners 2013-B, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	.010	Nationwide Mutual Insurance Company	2
..0140	Nationwide						Nationwide Tax Credit Partners 2013-B, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	.010	Nationwide Mutual Insurance Company	
..0140	Nationwide				46-1971926		ND La Quinta Partners, LLC	DE	NIA	Nationwide Realty Investors, Ltd.	Ownership	.95,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide				11-3651828	4588168	Newhouse Capital Partners II, LLC	DE	NIA	Nationwide Global Ventures, Inc.	Ownership	.80,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						Newhouse Capital Partners II, LLC	DE	NIA	Nationwide Global Ventures, Inc.	Ownership	.99,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						Newhouse Capital Partners II, LLC	DE	NIA	NWD Investment Management, Inc.	Ownership	.19,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						Newhouse Capital Partners, LLC	DE	NIA	Nationwide Mutual Insurance Company	Ownership	.70,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						Newhouse Capital Partners, LLC	DE	NIA	Nationwide Mutual Fire Insurance Company	Ownership	.10,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						Newhouse Capital Partners, LLC	DE	NIA	Nationwide Financial Services, Inc.	Ownership	.100,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						NFS Distributors, Inc.	DE	NIA	Nationwide Life Insurance Company	Ownership	.49,990	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						NHT XII Tax Credit Fund, LLC	DC	NIA	Nationwide Assurance Company	Ownership	.25,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						NHT XII Tax Credit Fund, LLC	DC	NIA	Nationwide Mutual Insurance Company	Ownership	.25,000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide						NHT XII Tax Credit Fund, LLC	DC	NIA	NRI Equity Land Investments, LLC	Ownership	.100,000	Nationwide Mutual Insurance Company	
..0140	Nationwide						NNOW8, LLC	OH	NIA	North Bank Condominium Home Owners Association	Other non-Nationwide	n/a	Other non-Nationwide	
..0140	Nationwide						North of Third, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	.100,000	Nationwide Mutual Insurance Company	
..0140	Nationwide						26-0351004							
..0140	Nationwide						20-4939866	4590817						

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

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..0140	Nationwide		26-4083207	4590385			Northstar Commercial Development, LLC Northstar Master Property Owners Association, Inc.	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.50.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		26-4083354	4594909			Northstar Residential Development, LLC	OH	NIA	Other non-Nationwide	n/a		Other non-Nationwide	
..0140	Nationwide		31-1486309	4593630			NRI 12325 Copper Way, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.50.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		31-1486309	4594936			NRI 220 Schrock, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4594794			NRI Arena, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4594815			NRI Brookside, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4595027			NRI Builders, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4594851			NRI Communities/Charlotte, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4590246			NRI Communities/Harris Blvd., LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4590282			NRI Cramer Creek, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		20-4939866	4590460			NRI Equity Land Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.80.000	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		26-0212217	4590394			NRI Equity Tampa, LLC	OH		Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4590376			NRI Maxtown, LLC	OH		Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		30-4939866	4590406			NRI Office Ventures, Ltd	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4590349			NRI-Rivulon, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4596912			NRI Telecom, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-3123274	4595438			NTCIF-2011 Georgia State Investor, LLC	OH	NIA	Nationwide Property and Casualty Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		90-0729552	4596695			NTCIF-2011, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	.50.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		90-0729552	4596695			NTCIF-2011, LLC	OH		Nationwide Mutual Fire Insurance Company				
..0140	Nationwide		27-4700627	4596716			NTCIF-2011, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	.50.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-0741029	4464703			NTCP 2011-A, LLC	OH		Nationwide Life Insurance Company	Other	.010	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3309896	4586164			NTCP 2012-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	.010	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-4111078	4596743			NTCP 2013-C, LLC	OH	NIA	Nationwide Life Insurance Company	Other	.010	Nationwide Mutual Insurance Company	
..0140	Nationwide		47-1404116				NTCP 2014-A, LLC	OH	NIA	Nationwide Life Insurance Company	Other	.010	Nationwide Mutual Insurance Company	
..0140	Nationwide		47-1413242				NTCP 2014-B, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-1903919	4591421			NTCP 2014-C, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3654078	4593621			NW-REI, LLC	DE	NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2943666	4594860			NW-Amesbury, LLC	OH	NIA	NE-REI, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5159092	4595063			NW-Banderia, LLC	OH	NIA	NW RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2451156	4594879			NW-Bayshore, LLC	OH	NIA	NW RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3707480	4593612			NW-Bee Cave, LLC	OH	NIA	NW RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3968244	4591757			NW-Brooklyn, LLC	OH	NIA	NW RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-2724980	4591690			NW-Camelback, LLC	OH	NIA	NW RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3674167	4590090			NW-Cameron, LLC	OH	NIA	NW RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3994437	4591663			NW-Cedar Springs, LLC	OH	NIA	NW RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		26-0901660	4505456			NW-Central Station, LLC	OH	NIA	NE-RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		32-0359208	4595157			NW-CNC Coppell, LLC	DE	NIA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591038			NW-Corvallis, LLC	OH	NIA	NW RE1, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591261			NW-205 Vine, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591056			NW-225 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590545			NW-230 West, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590273			NW-240 Nationwide, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590554			NW-250 Brodbelt, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590518			NW-265 Neil, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590563			NW-275 Marconi, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590509			NW-295 McConnell, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590572			NW-300 Neil, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590599			NW-300 Spring, LLC	OH	NIA	NWD Investments, LLC	Ownership	.100.000	Nationwide Mutual Insurance Company	

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..0140	Nationwide		31-1580283	4590527			NWD 355 McConnell, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590581			NWD 425 Nationwide, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4590536			NWD 500 Nationwide, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591298			NWD Arena Crossing, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591083			NWD Arena District I, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591300			NWD Arena District II, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591113			NWD Arena District MM, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591319			NWD Arena District PW, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591131			NWD Arena District V, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		04-3679396	4266848			NWD Asset Management Holdings, Inc.	..DE	..NIA	NWD Investment Management, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283	4591328			NWD Athletic Club, LLC	..OH	..NIA	NWD Investments, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1580283				NWD Franklinton, LLC	..DE	..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	4587965			NWD Investments, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..80.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		90-0732898	4591430			NW-Dulles, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3267884	4595465			NW-Franklin Mills, LLC	..OH	..NIA	Life Reo Holdings, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2997049	4591775			NW-Howell Mill, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-4330384	4750443			NW-Hudnall, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		47-2482818				NW-Jasper WAG, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		47-1497429				NW-Jefferson, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5408178	4591458			NW-Kentwood Towne Center, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-4857522				NW-Lawrence, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5314007	4593461			NW-Lovers Lane, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2457568	4591467			NW-Montrose, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-4630497	4593470			NW-Mueller II, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		27-4749848	4591476			NW-Northridge, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-1089165	4593555			NW-Oakley Station, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-3888719	4593603			NW-Park 288, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5388656	4591485			NW-Park Memorial, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		47-1740812				NW-Peachtree, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-2469044	4591494			NW-Portales, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		47-2449044				NW-Promenade at Madison, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		45-5159117	4593573			NW-South Park, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		27-4749587	4593582			NW-Taylor Farmer Jack, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-1100378	4591524			NW-Triangle, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-5764783				NW-Tysons, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-1077615	4593591			NW-West Ave., LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		46-4992444				NW-Windcross, LLC	..OH	..NIA	NW REI, LLC	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-0947092	4590479			OCH Company, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-0947092	4590442			Ohio Center Hotel Company, Ltd.	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..56.250	Nationwide Mutual Insurance Company	.1
..0140	Nationwide		26-0263012				Old Track Street Owners Association	..OH		Other non-Nationwide	n/a		Other non-Nationwide	
..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		47-1923444				On Your Side Nationwide Insurance Agency, Inc.	..OH		Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide			4596462			OYS Fund, LLC	..DE		Nationwide Mutual Insurance Company	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4596480			Park 288 Industrial, LLC	TX	..NIA	Nationwide Mutual Insurance Company	Investor member / no control	..95.000	other non-Nationwide	
..0140	Nationwide		31-1677602	4590488			Perimeter A, Ltd.	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		31-1486309	4590291			Pizzuti Properties, LLC	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..65.000	Nationwide Mutual Insurance Company	
..0140	Nationwide		39-1907217	4287201			Polaris A, Ltd.	..OH	..NIA	Nationwide Realty Investors, Ltd.	Ownership	..100.000	Nationwide Mutual Insurance Company	
..0140	Nationwide						Premier Agency, Inc.	IA	..NIA	ALLIED Group, Inc.	Ownership	..100.000	Nationwide Mutual Insurance Company	

ANNUAL STATEMENT FOR THE YEAR 2014 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	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)	*	
4664	Pure	12873	20-8287105	4288253			Privilege Underwriters Reciprocal Exchange	FL	IA	Other non-Nationwide	n/a		Other non-Nationwide	2	
4664	Pure			4288150			Privilege Underwriters, Inc.	DE	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			4288235			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		
			75-2938844	4287005						Nationwide Mutual Fire Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company		
.0140	Nationwide		82-0549218	4288244			Retention Alternatives, Ltd.	BMU	IA				Nationwide Mutual Insurance Company		
.0140	Nationwide			4595278			Riverview Diversified Opportunities Fund, LLC	DE		Nationwide Mutual Insurance Company	Ownership		Nationwide Mutual Insurance Company		
.0140	Nationwide			4595278			Riverview Diversified Opportunities Fund, LLC	DE		Nationwide Mutual Fire Insurance Company	Ownership		Nationwide Mutual Insurance Company		
.0140	Nationwide			4595278			Riverview Diversified Opportunities Fund, LLC	DE			Ownership		Nationwide Mutual Insurance Company		
.0140	Nationwide		22-3655264	4286530			Riverview International Group, Inc.	DE	NIA	Nationwide Life Insurance Company	Ownership		Nationwide Mutual Insurance Company		
.0140	Nationwide						Riverview Multi Series Fund, LL - Class Event	DE		NWD Investment Management, Inc.	Ownership	.100.000	Nationwide Mutual Insurance Company		
.0140	Nationwide			4595287						Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company		
.0140	Nationwide			4595335						Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company		
.0140	Nationwide		4564032				Riverview Polyphony Fund, LLC	DE		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	3091988		Scottsdale Insurance Company	OH	IA	Nationwide Mutual Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company		
							Scottsdale Surplus Lines Insurance Company								
.0140	Nationwide		10672	86-0835870	4287649			AZ	IA	Scottsdale Insurance Company	Ownership	.100.000	Nationwide Mutual Insurance Company		
.0140	Nationwide			31-1486309	4590303			Streets of Toringdon, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	.100.000	Nationwide Mutual Insurance Company	
.0140	Nationwide			91-2158214						Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			86-1094799						Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			20-3541511						Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			20-3541507						Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			31-1610040	2989882					Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			52-2031677	4287751					Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			74-2825853	4287863					Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			13242	74-2286759	4287797				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			36269	86-0619597	4287845				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide				75-1284530	4287890				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			33-0160222	4653196					Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			42285	95-3750113	4287685				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide		10644	34-1785903	4287911					Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			42889	34-1394913	4287827				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide									Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			10778	34-1842604	4287920				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			10105	34-1777972	4287939				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			10777	34-1842602	4287948				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide			37150	86-0561941	4287667				Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide				4613341					Other non-Nationwide	n/a		Other non-Nationwide		
.0140	Nationwide				31-1486309	4590321				Other non-Nationwide	n/a		Other non-Nationwide		

ANNUAL STATEMENT FOR THE YEAR 2014 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 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 Domi- niliary 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 Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
..0140	Nationwide		4613323			Zais Zephyr A-4, LLC	DE			Nationwide Life Insurance Company	Limited member / no control .....	.60.000	other non-Nationwide	

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

1 NAIC Company Code	2 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)
42110	75-1780981	Nationwide Lloyds							*			44,358,549
		Nationwide Mutual Capital, LLC	(2,264,090)									(2,264,090)
23779	31-4177110	Nationwide Mutual Fire Ins Company	43,137,052	(5,959,253)					*			37,177,799
23787	31-4177100	Nationwide Mutual Ins Company	390,835,308	(3,551,376,419)					*			(626,906,109)
	34-2012765	Nationwide Private Equity Fund, LLC	(60,575,582)	10,806,479								(2,654,198,198)
	37877	Nationwide Property And Casualty Ins Company										(13,732,522,419)
												(49,769,103)
	00000	Nationwide Realty Investors, Ltd		46,750,000								1,423,555,793
	31-4177100	Nationwide Services Co, LLC	(482,000)									(482,000)
	47-1413242	Nationwide Tax Credit Partners 2014 - C LLC			3,482,198							3,482,198
	31-1630871	NFS Distributors, Inc.			(46,000,000)							(46,000,000)
	14-1892640	NHT Xii Tax Credit Fund, LLC			4,016							4,016
	31-1486309	NTCIF-2011 Georgia State Investor, LLC	(448,058)									(448,058)
	90-0729552	NTCIF-2011, LLC	(28,085,478)		5,959,253							(22,126,225)
	26-1903919	NW-Rei, LLC	(14,477,866)		82,138,940							67,661,074
	13999	Olentangy Reinsurance,LLC										(1,242,089,499)
	27-1712056	On Your Side Nationwide Insurance Agency Inc			56,001,000							56,001,000
		Oys Fund, LLC	(23,000,000)		56,000,000							33,000,000
	82-0549218	Retention Alternatives, Inc	(15,000,000)									(15,000,000)
		Riverview Multi Series Fund, LI - Class Event			(704,049)							(704,049)
	15580	Scottsdale Indemnity Company										462,331,570
	41297	Scottsdale Insurance Company							*			1,376,514,367
	10672	Scottsdale Surplus Lines Insurance Company			30,000,000							16,823,662
	13242	Titan Indemnity Insurance Company										152,552,078
	36269	Titan Insurance Company										24,965,445
	10778	Victoria National Insurance Company							*			1,204
	10644	Victoria Auto Insurance Company							*			38,543,924
	42889	Victoria Fire & Casualty Insurance Company										183,107,731
	10108	Victoria Select Insurance Company							*			68,179,111
	10777	Victoria Specialty Insurance Company							*			41,768,968
	42285	Veterinary Pet Ins Co	(3,200,000)		3,200,000							(1,196,540)
		V.P.I Services, Inc.										3,200,000
	37150	Western Heritage Insurance Company										337,742,137
		999999 Control Totals							XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Responses

MARCH FILING

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

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

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

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

APRIL FILING

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

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

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

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

JUNE FILING

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

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

AUGUST FILING

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

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

MARCH FILING

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2014 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
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) be filed with the state of domicile by March 15?	.....	YES

APRIL FILING

41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	YES
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	.....	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	.....	YES
46.	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
47.	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
48.	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
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	.....	YES
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	YES

AUGUST FILING

51. 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.
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38.
39.
43.

Bar Codes:

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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 37. Relief from the five-year rotation requirement for lead audit partner
[Document Identifier 224]
- 38. Relief from the one-year cooling off period for independent CPA
[Document Identifier 225]
- 39. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 43. Credit Insurance Experience Exhibit [Document Identifier 230]



ANNUAL STATEMENT FOR THE YEAR 2014 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)	
2504. Prepaid pension costs	76,366,732	73,153,755	3,212,977	2,866,115
2597. Summary of remaining write-ins for Line 25 from overflow page	76,366,732	73,153,755	3,212,977	2,866,115

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Reserve for litigation and contingencies	88,966,673	36,673,440
2505. Reserve for rate stabilizations	16,082,486	21,556,630
2597. Summary of remaining write-ins for Line 25 from overflow page	105,049,159	58,230,070



**SUPPLEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Alabama

NAIC Group Code 0140

NAIC Company Code 66869

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

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012; 2013; 2014			
										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	1522AL	P.	NO	0034000	08/12/1982	05/11/2001	03/01/1995	Medicare Supplement	5,082	450	8.9	.1					
YES	2122AL	B.	NO	0034000	06/08/1992	11/06/2002	05/11/2001	12/01/2002	Medicare Supplement	6,068	1,865	30.7	2				
YES	2123AL	F.	NO	0034000	06/08/1992	11/06/2002	05/11/2001	12/01/2002	Medicare Supplement	40,180	6,941	17.3	8				
YES	2129-1	C.	NO	0034000	08/03/1999	11/06/2002	05/11/2001	12/01/2002	Medicare Supplement	4,007	1,184	29.6	.1				
0199999. Total Experience on Individual Policies										55,338	10,440	18.9	12				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011			Policies Issued in 2012; 2013; 2014				
										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	08/31/1982	04/30/2001	12/01/1989	Medicare Supplement	3,968	1,130	28.5	1					
0199999. Total Experience on Individual Policies										3,968	1,130	28.5	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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011			Policies Issued in 2012; 2013; 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	2121CT94	A.	NO.	0034060	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	66,908	48,851	73.0	.27				
YES	2122CT94	B.	NO.	0034060	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	107,462	61,238	57.0	.28				
YES	2123CT94	F.	NO.	0034000	07/28/1992	11/01/2002	08/01/2001	12/01/2001	Medicare Supplement	207,047	98,107	47.4	.41				
0199999. Total Experience on Individual Policies										381,418	208,196	54.6	96				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011			Policies Issued in 2012; 2013; 2014				
										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	09/13/1982	05/16/2001	01/01/1991	Medicare Supplement	7,750	20,315	262.1	2					
0199999. Total Experience on Individual Policies										7,750	20,315	262.1	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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014
(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 2011				Policies Issued in 2012; 2013; 2014			
										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	1524	P.	NO.	0034000	12/16/1982	05/10/2001	12/01/1991	Medicare Supplement	117,090	190,007	162.3	.59					
YES	2121FL	A.	NO.	0034000	03/12/1992	12/03/2002	05/10/2001	12/01/2002	Medicare Supplement	10,989	5,883	.53.5	.7				
YES	2122FL	B.	NO.	0034000	03/12/1992	12/03/2002	05/10/2001	12/01/2002	Medicare Supplement	142,156	132,369	.93.1	.61				
YES	2123FL	F.	NO.	0034000	03/12/1992	12/03/2002	05/10/2001	12/01/2002	Medicare Supplement	964,293	987,282	102.4	330				
0199999. Total Experience on Individual Policies										1,234,527	1,315,541	106.6	457				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011				Policies Issued in 2012; 2013; 2014			
										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	11/17/1982		05/31/2001	07/01/1989	Medicare Supplement	8,365	2,980	35.6	3				
YES	1924	P	NO	0034000	09/19/1989		05/31/2001	07/01/1992	Medicare Supplement	24,789	16,708	67.4	9				
YES	2121GA	A	NO	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	1,598	598	37.4	1				
YES	2122GA	B	NO	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	7,677	1,855	24.2	3				
YES	2123GA	F	NO	0034000	08/28/1992	11/01/2002	05/31/2001	12/01/2002	Medicare Supplement	293,644	186,008	63.3	76				
0199999. Total Experience on Individual Policies										336,073	208,147	61.9	92				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011				Policies Issued in 2012; 2013; 2014			
										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	29,328	6,131	20.9	7					
YES	2121IN	A.	NO.	0034000	01/09/1995	11/04/2002	05/21/2001	12/01/2002	Medicare Supplement	2,815	2,870	101.9	2				
YES	2122IN	B.	NO.	0034000	01/09/1995	11/04/2002	05/21/2001	12/01/2002	Medicare Supplement	5,819	356	6.1	2				
YES	2123IN	F.	NO.	0034000	01/09/1995	11/04/2002	05/21/2001	12/01/2002	Medicare Supplement	13,627	5,587	41.0	3				
0199999. Total Experience on Individual Policies										51,589	14,944	29.0	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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....

NAIC Group Code 0140

NAIC Company Code 66869

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

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012; 2013; 2014			
										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	09/27/1982	05/14/2001	12/01/1991	Medicare Supplement	14,898	12,384	.83.1	.4					
YES	2121KY	A.	NO.	0034060	06/28/1994	11/04/2002	05/14/2001	12/01/2002	Medicare Supplement	1,962	511	.26.1	.1				
YES	2122KY	B.	NO.	0034060	06/28/1994	11/04/2002	05/14/2001	12/01/2002	Medicare Supplement	8,153	4,934	.60.5	.3				
YES	2123KY	F.	NO.	0034060	06/28/1994	11/04/2002	05/14/2001	12/01/2002	Medicare Supplement	44,656	13,448	.30.1	.13				
0199999. Total Experience on Individual Policies										69,669	31,277	44.9	21				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011			Policies Issued in 2012; 2013; 2014				
										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	2121MD	A.	NO	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	10,588	5,078	48.0	5				
YES	2122MD	B.	NO	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	60,360	44,725	74.1	27				
YES	2123MD	F.	NO	0034000	08/27/1992	12/09/2002	01/25/2002	12/01/2002	Medicare Supplement	856,902	484,394	56.5	205				
0199999. Total Experience on Individual Policies										927,849	534,196	57.6	237				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011			Policies Issued in 2012; 2013; 2014				
										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	MS-1 0990	0	NO	0000007					12/31/1993	Medicare Supplement	22,742	17,677	77.7	7			
0199999. Total Experience on Individual Policies										22,742	17,677	77.7	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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011			Policies Issued in 2012; 2013; 2014				
										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	08/24/1982		04/27/2001	06/01/1992	Medicare Supplement	27,633	2,740	9.9	6				
YES	2122	B.	NO.	0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	(187)	(1,430)	764.7					
YES	2123	F.	NO.	0034000	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	83,457	38,503	46.1	16				
0199999. Total Experience on Individual Policies										110,902	39,813	35.9	22				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011				Policies Issued in 2012; 2013; 2014			
										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	04/24/2001	04/24/2001	12/01/1991	Medicare Supplement	145,071	61,496	42.4	.43				
YES	2121NC	A.	NO	0034000	06/16/1992	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	28,349	12,322	43.5	12				
YES	2122NC	B.	NO	0034000	06/16/1992	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	32,517	17,024	52.4	11				
YES	2123NC	F.	NO	0034000	06/16/1992	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	763,234	417,263	54.7	203				
YES	2124NC	J.	NO	0034000	06/16/1992	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	39,152	9,010	23.0	6				
YES	2129NC	C.	NO	0034060	07/05/2000	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	11,108	5,398	48.6	.2				
0199999. Total Experience on Individual Policies										1,019,431	522,512	51.3	277				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014
(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 2011				Policies Issued in 2012; 2013; 2014			
										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	07/15/1982		05/15/2001	04/01/1992	Medicare Supplement	222,500	141,486	63.6	56				
YES	2121	A.	NO.	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	18,446	8,019	43.5	10				
YES	2122	B.	NO.	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	184,664	113,904	61.7	69				
YES	2123	F.	NO.	0034000	03/20/1992	11/01/2001	05/15/2001	12/01/2002	Medicare Supplement	1,415,865	935,533	66.1	413				
0199999. Total Experience on Individual Policies										1,841,476	1,198,942	65.1	548				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011				Policies Issued in 2012; 2013; 2014			
										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	11/30/1982		05/07/2001	08/01/1989	Medicare Supplement	74,045	53,351	72.1	19				
YES	1926	P.	NO	0034000	08/03/1989		05/07/2001	07/01/1990	Medicare Supplement	87,690	67,049	76.5	21				
YES	2121PA	A.	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	41,758	24,397	58.4	19				
YES	2122PA	B.	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	182,447	102,464	56.2	73				
YES	2129	C.	NO	0034060	09/04/1992	11/20/2002	05/07/2001	12/01/2002	Medicare Supplement	982,680	682,440	69.4	305				
0199999. Total Experience on Individual Policies										1,368,621	929,700	67.9	437				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011			Policies Issued in 2012; 2013; 2014				
										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	A.	NO.	0034000	10/06/1982		04/24/2001	04/01/1992	Medicare Supplement	63,573	48,793	76.8	.22				
YES	2122SC	F.	NO.	0034000	02/05/1993	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	15,836	7,921	50.0	.6				
YES	2123SC	C.	NO.	0034000	02/05/1993	11/05/2002	04/24/2001	12/01/2002	Medicare Supplement	205,071	166,316	81.1	.60				
0199999. Total Experience on Individual Policies										284,480	223,030	78.4	88				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011			Policies Issued in 2012; 2013; 2014				
										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	09/01/1982		05/31/2001	06/01/1992	Medicare Supplement	24,272	14,381	59.2	7				
YES	2122TN	B.	NO.	0034000	06/30/1992	11/19/2002	05/31/2001	12/01/2002	Medicare Supplement	4,364	3,624	83.0	1				
YES	2123TN	F.	NO.	0034000	06/30/1992	11/19/2002	05/31/2001	12/01/2002	Medicare Supplement	123,045	97,049	78.9	32				
0199999. Total Experience on Individual Policies										151,682	115,054	75.9	40				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014
(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 2011			Policies Issued in 2012; 2013; 2014				
										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	2121TX	A	NO	0034060	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	10,835	4,932	45.5	3				
YES	2123TX	F	NO	0034000	06/02/1994	11/13/2002	06/15/2001	12/01/2002	Medicare Supplement	47,966	58,267	121.5	7				
0199999. Total Experience on Individual Policies										58,800	63,198	107.5	10				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
 (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 2011				Policies Issued in 2012; 2013; 2014			
										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	09/27/1982		05/11/2001	02/01/1989	Medicare Supplement	30,628	12,239	40.0	8				
YES	1925	P	NO	0034000	02/02/1989		05/11/2001	07/01/1992	Medicare Supplement	71,299	24,951	35.0	19				
YES	2121VA	A	NO	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	6,554	3,275	50.0	4				
YES	2122VA	B	NO	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	52,580	24,834	47.2	25				
YES	2123VA	F	NO	0034000	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	691,928	536,972	77.6	181				
0199999. Total Experience on Individual Policies										852,990	602,270	70.6	237				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014
(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 2011				Policies Issued in 2012; 2013; 2014			
										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	1523	P.	NO.		09/22/1982		05/30/2001	12/01/1991	Medicare Supplement	116,883	45,243	.38.7	29				
YES	2121WV	A.	NO.		02/27/1992	11/07/2002	05/30/2001	12/01/2002	Medicare Supplement	1,691	.20	.1.2	1				
YES	2122WV	B.	NO.		02/27/1992	11/07/2002	05/30/2001	12/01/2002	Medicare Supplement	39,026	12,464	.31.9	12				
YES	2123WV	F.	NO.		02/27/1992	11/07/2002	05/30/2001	12/01/2002	Medicare Supplement	476,878	274,105	.57.5	115				
YES	2129WV	C.	NO.		08/02/1999	11/07/2002	05/30/2001	12/01/2002	Medicare Supplement	18							
0199999. Total Experience on Individual Policies										634,478	331,850	52.3	157				

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 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2014
(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 2010	2 2011	3 2012	4 2013	5 2014(a)
1. Prior	(859)	(1,287)	(1,344)	(1,196)	
2. 2010	371	435	38	8	
3. 2011	XXX	223	236	25	
4. 2012	XXX	XXX	205	205	
5. 2013	XXX	XXX	XXX	270	
6. 2014	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	(10)	(132)	(140)	(185)
2. 2010	69	51	16	14
3. 2011	XXX	50	70	15
4. 2012	XXX	XXX	65	57
5. 2013	XXX	XXX	XXX	54
6. 2014	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. Prior				
2. 2010				
3. 2011	XXX			
4. 2012	XXX	XXX		
5. 2013	XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX

Section D -

1. Prior				
2. 2010				
3. 2011	XXX			
4. 2012	XXX	XXX		
5. 2013	XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX

Section E -

1. Prior				
2. 2010				
3. 2011	XXX			
4. 2012	XXX	XXX		
5. 2013	XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX

Section F -

1. Prior				
2. 2010				
3. 2011	XXX			
4. 2012	XXX	XXX		
5. 2013	XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX

Section G -

1. Prior				
2. 2010				
3. 2011	XXX			
4. 2012	XXX	XXX		
5. 2013	XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX

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

SUPPLEMENT FOR THE YEAR 2014 OF THE NATIONWIDE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	XXX

Section D -

1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	XXX

Section E -

1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	XXX

Section F -

1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	XXX

Section G -

1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. 2010	1,151	647	38	XXX	XXX
2. 2011	XXX	998	460	27	XXX
3. 2012	XXX	XXX	1,038	496	
4. 2013	XXX	XXX	XXX	1,092	
5. 2014	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2010	302	179	126	XXX	XXX
2. 2011	XXX	287	225	122	XXX
3. 2012	XXX	XXX	264	209	
4. 2013	XXX	XXX	XXX	251	
5. 2014	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2010				XXX	XXX
2. 2011	XXX				XXX
3. 2012	XXX	XXX			
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	

Section D -

1. 2010				XXX	XXX
2. 2011	XXX				XXX
3. 2012	XXX	XXX			
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	

Section E -

1. 2010				XXX	XXX
2. 2011	XXX				XXX
3. 2012	XXX	XXX			
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	

Section F -

1. 2010				XXX	XXX
2. 2011	XXX				XXX
3. 2012	XXX	XXX			
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	

Section G -

1. 2010				XXX	XXX
2. 2011	XXX				XXX
3. 2012	XXX	XXX			
4. 2013	XXX	XXX	XXX		
5. 2014	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. 2010	1,151	647	38	.9	
2. 2011	XXX	998	460	27	
3. 2012	XXX	XXX	1,038	496	
4. 2013	XXX	XXX	XXX	1,092	
5. 2014	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2010	302	179	126	121
2. 2011	XXX	287	225	122
3. 2012	XXX	XXX	264	209
4. 2013	XXX	XXX	XXX	251
5. 2014	XXX	XXX	XXX	XXX

Section C - Credit Accident and Health

1. 2010				
2. 2011	XXX			
3. 2012	XXX	XXX		
4. 2013	XXX	XXX	XXX	
5. 2014	XXX	XXX	XXX	XXX

Section D -

1. 2010				
2. 2011	XXX			
3. 2012	XXX	XXX		
4. 2013	XXX	XXX	XXX	
5. 2014	XXX	XXX	XXX	XXX

Section E -

1. 2010				
2. 2011	XXX			
3. 2012	XXX	XXX		
4. 2013	XXX	XXX	XXX	
5. 2014	XXX	XXX	XXX	XXX

Section F -

1. 2010				
2. 2011	XXX			
3. 2012	XXX	XXX		
4. 2013	XXX	XXX	XXX	
5. 2014	XXX	XXX	XXX	XXX

Section G -

1. 2010				
2. 2011	XXX			
3. 2012	XXX	XXX		
4. 2013	XXX	XXX	XXX	
5. 2014	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Other	99,651
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health		
10. Other Accident and Health		
11. Total		99,651

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