



# QUARTERLY STATEMENT

As of March 31, 2021  
of the Condition and Affairs of the

## NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

NAIC Group Code.....0140, 0140  
(Current Period) (Prior Period)

NAIC Company Code..... 92657

Employer's ID Number..... 31-1000740

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type:

Life, Accident & Health

Incorporated/Organized..... February 9, 1981

Commenced Business..... May 6, 1981

Statutory Home Office

ONE WEST NATIONWIDE BLVD. .. COLUMBUS .. OH .. US .. 43215-2220  
(Street and Number) (City or Town, State, Country and Zip Code)

800-882-2822

Main Administrative Office

ONE WEST NATIONWIDE BLVD. .. COLUMBUS .. OH .. US .. 43215-2220  
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Mail Address

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

800-882-2822

Primary Location of Books and Records

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220  
(Street and Number) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Internet Web Site Address

WWW.NATIONWIDE.COM

Statutory Statement Contact

ANDREA D IACOBONI

614-249-1545

(Name)

STACACCT@NATIONWIDE.COM

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

877-669-5908

(Fax Number)

### OFFICERS

Name

1. JOHN LAUGHLIN CARTER  
3. DAVID PATRICK LAPAUL

Title

PRESIDENT & COO  
SVP & TREASURER

Name

2. DENISE LYNN SKINGLE

Title

SVP & SECRETARY

### OTHER

PAMELA ANN BIESECKER  
GALE VERDELL KING

SVP-HEAD OF TAXATION  
EXEC VP-CHIEF ADMIN OFFC

JAMES ROBERT FOWLER  
MARK RAYMOND THRESHER

EXEC VP-CIO  
EXEC VP

### DIRECTORS OR TRUSTEES

JOHN LAUGHLIN CARTER  
MARK RAYMOND THRESHER

TIMOTHY GERARD FROMMEYER  
KIRT ALAN WALKER

STEVEN ANDREW GINNAN

ERIC SHAWN HENDERSON

State of..... OHIO  
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.

(Signature)

JOHN LAUGHLIN CARTER

1. (Printed Name)

PRESIDENT & COO

(Title)

(Signature)

DENISE LYNN SKINGLE

2. (Printed Name)

SVP & SECRETARY

(Title)

(Signature)

DAVID PATRICK LAPAUL

3. (Printed Name)

SVP & TREASURER

(Title)

Subscribed and sworn to before me  
This 5th day of May

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

Yes  No

