



QUARTERLY STATEMENT

As of September 30, 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

(Area Code) (Telephone Number)

Mail Address

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220

800-882-2822

Primary Location of Books and Records

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220

(Area Code) (Telephone Number)

Internet Web Site Address

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220

800-882-2822

Statutory Statement Contact

ANDREA D IACOBONI

614-249-1545

(Name)

(Area Code) (Telephone Number) (Extension)

STATACCT@NATIONWIDE.COM

877-669-5908

(E-Mail Address)

(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

PAMELA ANN BIESECKER
MARK RAYMOND THRESHER

OTHER

SVP-HEAD OF TAXATION
EXEC VP

JAMES ROBERT FOWLER

EXEC VP-CIO

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)


(Signature)


(Signature)

JOHN LAUGHLIN CARTER

DENISE LYNN SKINGLE

DAVID PATRICK LAPAUL

1. (Printed Name)

2. (Printed Name)

3. (Printed Name)

PRESIDENT & COO

SVP & SECRETARY

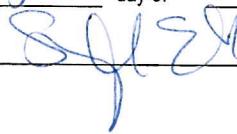
SVP & TREASURER

(Title)

(Title)

(Title)

Subscribed and sworn to before me
This 3rd day of November



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

Yes No

