



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENTFOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE**NATIONWIDE LIFE INSURANCE COMPANY**NAIC Group Code 0140 NAIC Company Code 66869 Employer's ID Number 31-4156830
(Current) (Prior)Organized under the Laws of OHIO, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaLicensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []Incorporated/Organized 03/21/1929 Commenced Business 01/10/1931Statutory 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) 614-249-1545 (Area Code) (Telephone Number)Mail Address ONE WEST NATIONWIDE BLVD., 1-14-301 (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., 1-14-301 (Street and Number) COLUMBUS, OH, US 43215-2220 (City or Town, State, Country and Zip Code) 614-249-1545 (Area Code) (Telephone Number)Internet Website Address WWW.NATIONWIDE.COMStatutory Statement Contact ANDREA D. IACOBONI (Name) 614-249-1545 (Area Code) (Telephone Number)
FINRPT@NATIONWIDE.COM (E-mail Address) 866-315-1430 (FAX Number)**OFFICERS**PRESIDENT & COO JOHN LAUGHLIN CARTER SVP & TREASURER DAVID PATRICK LAPAUL
SVP & SECRETARY DENISE LYNN SKINGLE**OTHER**PAMELA ANN BIESECKER, SVP-HEAD OF TAXATION VINITA JANE CLEMENTS #, EVP-CHIEF HRO JAMES ROBERT FOWLER, EVP-CHIEF TECH OFFC
TIMOTHY GERARD FROMMEYER, EVP MARK SHANNON HOWARD #, EVP-CLO RAMON JONES #, EVP-CMO
MICHAEL WILLIAM MAHAFFEY #, EVP-CHIEF STRAT OFFC AMY TAYLOR SHORE #, EVP-CHIEF CUSTOMER**DIRECTORS OR TRUSTEES**JOHN LAUGHLIN CARTER TIMOTHY GERARD FROMMEYER STEVEN ANDREW GINNAN
ERIC SHAWN HENDERSON HOLLY RENEE SNYDER KIRT ALAN WALKERState of OHIO
County of FRANKLIN SS

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

John Laughlin CarterDenise Lynn SkingleDavid Patrick LapaulJOHN LAUGHLIN CARTER
PRESIDENT & COODENISE LYNN SKINGLE
SVP & SECRETARYDAVID PATRICK LAPAUL
SVP & TREASURERSubscribed and sworn to before me this
13th day of FEBRUARY 2023

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

Yes [X] No []



ANDREW SWARTZEL
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2021-RE-839107
My Commission Expires Oct. 24, 2026



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 6,813,779 | | | 5,749,274 | | 12,563,053 |
| 2. Annuity considerations | 76,391,179 | | | 75,953,232 | | 152,344,412 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 83,204,958 | | | 81,702,506 | | 164,907,465 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 47,271 | | | | | 47,271 |
| 6.2 Applied to pay renewal premiums | 41,493 | | | | | 41,493 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 114,683 | | | | | 114,683 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 203,447 | | | | | 203,447 |
| Annuites: | | | | | | |
| 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) | 203,447 | | | | | 203,447 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 6,893,043 | | | 639,941 | | 7,532,985 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 16,272,915 | | | 11,813,794 | | 28,086,709 |
| 12. Surrender values and withdrawals for life contracts | 60,101,587 | | | 105,848,258 | | 165,949,845 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 108,696 | | | | | 108,696 |
| 15. Totals | 83,376,242 | | | 118,301,994 | | 201,678,235 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 14 | 674,864 | | | | | | | 14 | 674,864 |
| 17. Incurred during current year | 66 | 6,883,109 | | | | 610,045 | | | 66 | 7,493,155 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 73 | 7,252,517 | | | | 610,045 | | | 73 | 7,862,562 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 73 | 7,252,517 | | | | 610,045 | | | 73 | 7,862,562 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 73 | 7,252,517 | | | | 610,045 | | | 73 | 7,862,562 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 7 | 305,456 | | | | | | | 7 | 305,456 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 4,850 | 704,925,907 | (a) | 12 | 27,478,372 | | | | 4,862 | 732,404,279 |
| 21. Issued during year | 1 | 500,000 | | 556 | 15,465,359 | | | | 557 | 15,965,359 |
| 22. Other changes to in force (Net) | (345) | (87,423,003) | | (550) | (8,378,830) | | | | (895) | (95,801,833) |
| 23. In force December 31 of current year | 4,506 | 618,002,904 | (a) | 18 | 34,564,901 | | | | 4,524 | 652,567,805 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 7,873,709 | 7,875,652 | | | 4,661,678 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 4,406,828 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 21,981 | 21,981 | | | 13,565 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 13,565 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 21,981 | 21,981 | | | 13,565 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 7,895,690 | 7,897,634 | | | 4,675,243 |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products | 1,557 | | | 0 | and number of persons |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products 1,557



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 191,994 | | | 7,581 | | 199,575 |
| 2. Annuity considerations | 8,266,041 | | | 1,997,956 | | 10,263,997 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 8,458,035 | | | 2,005,536 | | 10,463,571 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 3,806 | | | | | 3,806 |
| 6.2 Applied to pay renewal premiums | 3,053 | | | | | 3,053 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 7,610 | | | | | 7,610 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 14,469 | | | | | 14,469 |
| Annuites: | | | | | | |
| 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) | 14,469 | | | | | 14,469 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 236,267 | | | 57 | | .236,324 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 2,756,905 | | | 406,977 | | 3,163,882 |
| 12. Surrender values and withdrawals for life contracts | 19,184,272 | | | 2,598,434 | | 21,782,706 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | .2 | | | | | .2 |
| 15. Totals | 22,177,447 | | | 3,005,468 | | 25,182,915 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 1 | | | | | | | | 1 | |
| 17. Incurred during current year | 8 | 236,267 | | | | | | | 8 | .236,267 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 9 | 236,267 | | | | | | | 9 | .236,267 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 9 | 236,267 | | | | | | | 9 | .236,267 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 9 | 236,267 | | | | | | | 9 | .236,267 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 283 | 61,419,970 | (a) | | 1 | 715,427 | | | 284 | .62,135,397 |
| 21. Issued during year | 2 | 1,000,000 | | | .85 | 1,770,000 | | | .87 | .2,770,000 |
| 22. Other changes to in force (Net) | (36) | (31,876,106) | | | (84) | 274,574 | | | (120) | (31,601,532) |
| 23. In force December 31 of current year | 249 | 30,543,864 | (a) | | 2 | 2,760,001 | | | 251 | 33,303,865 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| 24. Group Policies (b) | | 168,384 | 169,537 | | 1,423,343 | 810,575 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | | |
| 24.2 Credit (Group and Individual) | | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | | |
| Other Individual Policies: | | | | | | |
| 25.1 Non-cancellable (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) | | 168,384 | 169,537 | | 1,423,343 | 810,575 |
| 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 134 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0140

DURING THE YEAR 2022

NAIC Company Code 66869

LIFE INSURANCE

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-------------|---------------|---|-------------|-----------------|-------------|
| 1. Life insurance | 12,141,496 | | | 25,574,587 | | 37,716,083 |
| 2. Annuity considerations | 131,260,516 | | | 422,711,850 | | 553,972,365 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 143,402,012 | | | 448,286,437 | | 591,688,448 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 102,458 | | | | | 102,458 |
| 6.2 Applied to pay renewal premiums | 112,140 | | | | | 112,140 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 107,569 | | | | | 107,569 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 322,167 | | | | | 322,167 |
| Annuites: | | | | | | |
| 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) | 322,167 | | | | | 322,167 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 5,279,084 | | | 98,763 | | 5,377,847 |
| 10. Matured endowments | 1,000 | | | | | 1,000 |
| 11. Annuity benefits | 30,581,930 | | | 14,548,319 | | 45,130,249 |
| 12. Surrender values and withdrawals for life contracts | 145,731,628 | | | 360,523,079 | | 506,254,707 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 25,873 | | | | | 25,873 |
| 15. Totals | 181,619,515 | | | 375,170,161 | | 556,789,676 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|------------------------------------|--------------|---|-------------|-------------------------|---------------|------------------------------------|-------------|------------------------------------|---------------|
| | 1 No. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 10 | 137,348 | | | | | | | 10 | 137,348 |
| 17. Incurred during current year | .91 | 5,140,404 | | | | 66,337 | | | .91 | 5,206,741 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .91 | 4,358,256 | | | | 66,337 | | | .91 | 4,424,593 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | .91 | 4,358,256 | | | | 66,337 | | | .91 | 4,424,593 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | .91 | 4,358,256 | | | | 66,337 | | | .91 | 4,424,593 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 10 | 919,496 | | | | | | | 10 | 919,496 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 3,724 | 986,988,601 | (a) | | 1,012 | 1,808,248,249 | | | 4,736 | 2,795,236,850 |
| 21. Issued during year | .20 | 25,136,455 | | | 2,284 | 90,930,444 | | | 2,304 | 116,066,899 |
| 22. Other changes to in force (Net) | (195) | (91,075,866) | | | (2,209) | (532,261,286) | | | (2,404) | (623,337,152) |
| 23. In force December 31 of current year | 3,549 | 921,049,190 | (a) | | 1,087 | 1,366,917,407 | | | 4,636 | 2,287,966,597 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 7,772,107 | 7,842,065 | | | 6,649,193 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 4,648,171 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | 281 | 281 | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 923 | 923 | | | |
| 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) | 923 | 923 | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 7,773,310 | 7,843,268 | | 6,649,193 | 4,648,171 |

(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 2,447 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 2,305,070 | | 2,197,011 | | 4,502,081 |
| 2. Annuity considerations | | 24,465,542 | | 22,799,910 | | 47,265,452 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 26,770,612 | | 24,996,921 | | 51,767,533 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 23,917 | | | | 23,917 |
| 6.2 Applied to pay renewal premiums | | 8,553 | | | | 8,553 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 50,830 | | | | 50,830 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 83,299 | | | | 83,299 |
| 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) | | 83,299 | | | | 83,299 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 1,797,324 | | 8,714 | | 1,806,037 |
| 10. Matured endowments | | 1,000 | | | | 1,000 |
| 11. Annuity benefits | | 7,446,806 | | 3,390,351 | | 10,837,157 |
| 12. Surrender values and withdrawals for life contracts | | 28,556,207 | | 47,432,736 | | 75,988,943 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 23,824 | | | | 23,824 |
| 15. Totals | | 37,825,161 | | 50,831,800 | | 88,656,962 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 4 | 40,611 | | | | (1) | | | 4 | 40,610 |
| 17. Incurred during current year | 33 | 1,781,615 | | | | 8,621 | | | 33 | 1,790,236 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 37 | 1,822,227 | | | | 8,621 | | | 37 | 1,830,848 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 37 | 1,822,227 | | | | 8,621 | | | 37 | 1,830,848 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 37 | 1,822,227 | | | | 8,621 | | | 37 | 1,830,848 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | (1) | | | | (1) | | | | (2) |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 1,867 | 263,031,706 | (a) | 104 | 80,686,644 | | | 1,971 | 343,718,350 | |
| 21. Issued during year | | | | 341 | 10,366,134 | | | 341 | 10,366,134 | |
| 22. Other changes to in force (Net) | (130) | (16,574,763) | | (340) | 436,751,497 | | | (470) | 420,176,734 | |
| 23. In force December 31 of current year | 1,737 | 246,456,943 | (a) | 105 | 527,804,275 | | | 1,842 | 774,261,218 | |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | | | | | |
| 24. Group Policies (b) | 2,778,664 | 2,741,411 | | | 2,127,002 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 2,285,830 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | (4,742) | (4,742) | | | 1,800 |
| 25.3 Non-renewable for stated reasons only (b) | 1,672 | 1,672 | | | 97,250 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | (3,070) | (3,070) | | | 99,051 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,775,594 | 2,738,341 | | | 2,226,053 |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products | 470 | | | 0 | and number of persons |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0140

DURING THE YEAR 2022

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 | .. 31,659,148 | | | 159,112,404 | | 190,771,552 |
| 2. Annuity considerations | .. 459,326,870 | | | .. 830,145,416 | | 1,289,472,286 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 490,986,018 | | | 989,257,820 | | 1,480,243,839 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 540,942 | | | | | 540,942 |
| 6.2 Applied to pay renewal premiums | 692,844 | | | | | 692,844 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 957,515 | | | | | 957,515 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 2,191,301 | | | | | 2,191,301 |
| Annuites: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 2,191,301 | | | | | 2,191,301 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 45,664,792 | | | 11,589,560 | | 57,254,352 |
| 10. Matured endowments | 4,024 | | | | | 4,024 |
| 11. Annuity benefits | 120,394,242 | | | 52,905,918 | | 173,300,160 |
| 12. Surrender values and withdrawals for life contracts | 600,232,543 | | | 1,702,774,568 | | 2,303,007,111 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 90,934 | | | | | 90,934 |
| 15. Totals | 766,386,535 | | | 1,767,270,046 | | 2,533,656,581 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|------------------------------------|---------------|---|-------------|-------------------------|---------------|------------------------------------|-------------|------------------------------------|-----------------|
| | 1 No. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | .55 | 5,439,207 | | | (2) | 1,051,430 | | | .53 | 6,490,637 |
| 17. Incurred during current year | 229 | 45,633,946 | | | 18 | 11,207,058 | | | 247 | 56,841,004 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 269 | 47,270,682 | | | 20 | 11,985,242 | | | 289 | .59,255,924 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 269 | 47,270,682 | | | 20 | 11,985,242 | | | 289 | .59,255,924 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 269 | 47,270,682 | | | 20 | 11,985,242 | | | 289 | .59,255,924 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 15 | 3,802,471 | | | (4) | 273,246 | | | 11 | 4,075,716 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 15,951 | 5,310,912,377 | (a) | | 3,383 | 3,826,234,178 | | | 19,334 | 9,137,146,555 |
| 21. Issued during year | 71 | 26,661,025 | | | 7,591 | 321,712,312 | | | 7,662 | 348,373,337 |
| 22. Other changes to in force (Net) | (960) | (463,732,960) | | | (7,725) | (717,504,896) | | | (8,685) | (1,181,237,856) |
| 23. In force December 31 of current year | 15,062 | 4,873,840,442 | (a) | | 3,249 | 3,430,441,594 | | | 18,311 | 8,304,282,036 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 | 5 |
|--|----------------------|-----------------------------|---|--------------------|------------------------|
| | | | | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 22,668,373 | 22,783,227 | | | 18,131,826 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 18,069,391 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | (302) | (302) | | | 2,250 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 8,009 | 8,009 | | | 9,946 |
| 25.3 Non-renewable for stated reasons only (b) | 1,451 | 1,451 | | | 9,946 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 9,460 | 9,460 | | | 9,946 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 22,677,530 | 22,792,384 | | | 18,144,023 |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products | | | 0 | | |
| insured under indemnity only products | 5,344 | | | | |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 8,078,774 | | 31,927,689 | | 40,006,464 |
| 2. Annuity considerations | | 115,441,648 | | 121,050,338 | | 236,491,986 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 123,520,422 | | 152,978,028 | | 276,498,450 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 73,126 | | | | 73,126 |
| 6.2 Applied to pay renewal premiums | | 81,106 | | | | 81,106 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 109,385 | | | | 109,385 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 263,617 | | | | 263,617 |
| 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) | | 263,617 | | | | 263,617 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 4,537,560 | | 447,516 | | 4,985,075 |
| 10. Matured endowments | | 1,869 | | | | 1,869 |
| 11. Annuity benefits | | 26,407,088 | | 12,740,262 | | 39,147,350 |
| 12. Surrender values and withdrawals for life contracts | | 84,752,843 | | 97,568,797 | | 182,321,640 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 2,876 | | | | 2,876 |
| 15. Totals | | 115,702,235 | | 110,756,575 | | 226,458,810 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 4 | 260,076 | | | 6 | | | | 10 | 260,076 |
| 17. Incurred during current year | 71 | 4,537,560 | | | 4 | 437,157 | | | .75 | 4,974,717 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 72 | 4,681,350 | | | 4 | 55,343 | | | .76 | 4,736,694 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 72 | 4,681,350 | | | 4 | 55,343 | | | .76 | 4,736,694 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 72 | 4,681,350 | | | 4 | 55,343 | | | .76 | 4,736,694 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 3 | 116,285 | | | 6 | 381,814 | | | 9 | 498,099 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 3,400 | 687,859,828 | (a) | | 625 | 803,860,385 | | | 4,025 | 1,491,720,213 |
| 21. Issued during year | 2 | 500,000 | | | 1,496 | 69,630,022 | | | 1,498 | 70,130,022 |
| 22. Other changes to in force (Net) | (165) | (43,474,620) | | | (1,435) | (65,191,343) | | | (1,600) | (108,665,964) |
| 23. In force December 31 of current year | 3,237 | 644,885,208 | (a) | | 686 | 808,299,064 | | | 3,923 | 1,453,184,271 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 | 5 |
|---|----------------------|-----------------------------|---|--------------------|------------------------|
| | | | | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 10,113,627 | 10,214,279 | | | 9,164,474 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 8,440,781 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 9 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 10,113,627 | 10,214,279 | | | 9 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | 9,164,484 |
| | | | | | 8,440,791 |

(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 740 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 5,238,125 | | | 54,650,988 | | 59,889,113 |
| 2. Annuity considerations | 173,835,508 | | | 98,492,312 | | 272,327,820 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 179,073,633 | | | 153,143,301 | | 332,216,933 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 131,683 | | | | | 131,683 |
| 6.2 Applied to pay renewal premiums | 137,481 | | | | | 137,481 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 214,630 | | | | | 214,630 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 483,793 | | | | | 483,793 |
| Annuites: | | | | | | |
| 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) | 483,793 | | | | | 483,793 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 3,805,520 | | | 22,246 | | 3,827,766 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 32,282,081 | | | 5,039,761 | | 37,321,842 |
| 12. Surrender values and withdrawals for life contracts | 114,739,932 | | | 101,981,853 | | 216,721,785 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 28,657 | | | | | 28,657 |
| 15. Totals | 150,856,189 | | | 107,043,861 | | 257,900,050 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 17 | 317,425 | | | 1 | 1,000 | | | 18 | 318,425 |
| 17. Incurred during current year | 119 | 3,800,520 | | | | 23,880 | | | 119 | 3,824,400 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 125 | 3,825,181 | | | 1 | 24,880 | | | 126 | 3,850,061 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 125 | 3,825,181 | | | 1 | 24,880 | | | 126 | 3,850,061 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 125 | 3,825,181 | | | 1 | 24,880 | | | 126 | 3,850,061 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 11 | 292,764 | | | | | | | 11 | 292,764 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 7,171 | 838,988,192 | (a) | | 11 | 33,986,304 | | | 7,182 | 872,974,496 |
| 21. Issued during year | 5 | 6,500,000 | | | 145 | 10,427,309 | | | 150 | 16,927,309 |
| 22. Other changes to in force (Net) | (441) | (58,426,643) | | | (147) | (4,108,228) | | | (588) | (62,534,871) |
| 23. In force December 31 of current year | 6,735 | 787,061,549 | (a) | | 9 | 40,305,385 | | | 6,744 | 827,366,934 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 13,528,594 | 13,550,919 | | | 7,696,306 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 7,993,306 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 79,103 | 79,103 | | 76,625 | 76,625 |
| 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) | 79,103 | 79,103 | | 76,625 | 76,625 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 13,607,697 | 13,630,022 | | 7,772,931 | 8,069,931 |

(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 285 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 10,628,243 | | 496,946,415 | | 507,574,659 |
| 2. Annuity considerations | | 21,247,175 | | 11,583,559 | | 32,830,734 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 31,875,418 | | 508,529,974 | | 540,405,392 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 122,907 | | 16 | | 122,923 |
| 6.2 Applied to pay renewal premiums | | 102,551 | | | | 102,551 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 322,997 | | | | 322,997 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 548,455 | | 16 | | 548,471 |
| Annuites: | | | | | | |
| 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) | | | | 16 | | 548,471 |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | 548,455 | | | | 548,471 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 16,936,849 | | 121,707,604 | | 138,644,454 |
| 10. Matured endowments | | 15,847 | | | | 15,847 |
| 11. Annuity benefits | | 10,172,099 | | 835,797 | | 11,007,896 |
| 12. Surrender values and withdrawals for life contracts | | 33,628,265 | | 30,446,004 | | 64,074,268 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 23,472 | | | | 23,472 |
| 15. Totals | | 60,776,532 | | 152,989,406 | | 213,765,938 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 23 | (69,519) | | | (20) | 1,727,294 | | | 3 | 1,657,775 |
| 17. Incurred during current year | 154 | 16,936,849 | | | 1 | 121,714,477 | | | 155 | 138,651,327 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 165 | 16,613,131 | | | 1 | 121,863,055 | | | 166 | 138,476,186 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 165 | 16,613,131 | | | 1 | 121,863,055 | | | 166 | 138,476,186 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 165 | 16,613,131 | | | 1 | 121,863,055 | | | 166 | 138,476,186 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 12 | 254,200 | | | (20) | 1,578,716 | | | (8) | 1,832,916 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 10,026 | 2,133,083,101 | (a) | | 11,062 | 18,589,721,713 | | | 21,088 | 20,722,804,814 |
| 21. Issued during year | | | | | 2,690 | 6,437,386,964 | | | 2,690 | 6,437,386,964 |
| 22. Other changes to in force (Net) | (415) | (168,503,358) | | | (225) | (798,250,442) | | | (640) | (966,753,800) |
| 23. In force December 31 of current year | 9,611 | 1,964,579,743 | (a) | 13,527 | 24,228,858,235 | | | | 23,138 | 26,193,437,978 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 1,616,057 | 1,628,086 | | 933,190 | 193,055 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 2,748 | 2,748 | | 3,175 | 3,175 |
| 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) | 2,748 | 2,748 | | 3,175 | 3,175 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,618,805 | 1,630,834 | | 936,365 | 196,230 |

(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 214 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 248,605 | | | 489,371 | | .737,975 |
| 2. Annuity considerations | 10,246,882 | | | 5,558,095 | | 15,804,977 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 10,495,486 | | | 6,047,466 | | 16,542,952 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 9,806 | | | | | .9,806 |
| 6.2 Applied to pay renewal premiums | 15,887 | | | | | 15,887 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 20,148 | | | | | 20,148 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 45,842 | | | | | 45,842 |
| Annuites: | | | | | | |
| 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) | 45,842 | | | | | 45,842 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 3,144,897 | | | 8,203 | | 3,153,100 |
| 10. Matured endowments | 1,000 | | | | | 1,000 |
| 11. Annuity benefits | 1,652,644 | | | 300,454 | | 1,953,098 |
| 12. Surrender values and withdrawals for life contracts | .8,244,875 | | | 2,338,020 | | 10,582,895 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 293 | | | | | 293 |
| 15. Totals | 13,043,709 | | | 2,646,678 | | 15,690,387 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 5 | 18,946 | | | .25 | 2,527 | | | .30 | 21,473 |
| 17. Incurred during current year | 9 | 3,144,897 | | | | 8,213 | | | 9 | 3,153,110 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 7 | 3,132,713 | | | 1 | 10,740 | | | 8 | 3,143,452 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 7 | 3,132,713 | | | 1 | 10,740 | | | 8 | 3,143,452 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 7 | 3,132,713 | | | 1 | 10,740 | | | 8 | 3,143,452 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 7 | 31,131 | | | 24 | | | | 31 | 31,131 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 769 | 211,039,232 | (a) | | 10 | 9,050,659 | | | 779 | 220,089,891 |
| 21. Issued during year | | | | | 128 | 5,214,650 | | | 128 | 5,214,650 |
| 22. Other changes to in force (Net) | (34) | (17,598,738) | | | (120) | 15,667,016 | | | (154) | (1,931,722) |
| 23. In force December 31 of current year | 735 | 193,440,494 | (a) | | 18 | 29,932,325 | | | 753 | 223,372,819 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 1,362,072 | 1,450,198 | | 1,300,120 | 1,277,077 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 64 | 64 | | (75) | (75) |
| 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 | 64 | | (75) | (75) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,362,136 | 1,450,262 | | 1,300,046 | 1,277,003 |

(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 89 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 30,987,523 | | | 162,629,116 | | 193,616,638 |
| 2. Annuity considerations | 543,135,198 | | | 784,792,697 | | 1,327,927,895 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 574,122,720 | | | 947,421,813 | | 1,521,544,533 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 524,103 | | | 40 | | 524,143 |
| 6.2 Applied to pay renewal premiums | 484,711 | | | | | 484,711 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 876,513 | | | | | 876,513 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 1,885,328 | | | 40 | | 1,885,368 |
| Annuites: | | | | | | |
| 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) | | | | 40 | | 1,885,368 |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 1,885,328 | | | 40 | | 1,885,368 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 37,126,386 | | | 9,371,274 | | 46,497,660 |
| 10. Matured endowments | 28,311 | | | | | 28,311 |
| 11. Annuity benefits | 126,486,833 | | | 107,876,613 | | 234,363,446 |
| 12. Surrender values and withdrawals for life contracts | 500,931,582 | | | 830,730,138 | | 1,331,661,719 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 279,405 | | | | | 279,405 |
| 15. Totals | 664,852,516 | | | 947,978,025 | | 1,612,830,540 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | .90 | 4,598,357 | | | (6) | 20,183 | | | .84 | 4,618,540 |
| 17. Incurred during current year | 549 | 37,075,653 | | | 7 | 9,164,504 | | | 556 | 46,240,157 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 578 | 37,898,712 | | | 8 | 8,844,681 | | | 586 | 46,743,393 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 578 | 37,898,712 | | | 8 | 8,844,681 | | | 586 | 46,743,393 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 578 | 37,898,712 | | | 8 | 8,844,681 | | | 586 | 46,743,393 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 61 | 3,775,298 | | | (7) | 340,007 | | | 54 | 4,115,305 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 23,561 | 3,628,524,371 | | | (a) | 3,111 | 3,262,033,971 | | 26,672 | 6,890,558,342 |
| 21. Issued during year | 173 | 33,425,000 | | | | 1,845 | 151,284,606 | | 2,018 | 184,709,606 |
| 22. Other changes to in force (Net) | (1,012) | (79,221,677) | | | | (1,709) | (277,113,368) | | (2,721) | (356,335,045) |
| 23. In force December 31 of current year | 22,722 | 3,582,727,694 | | | (a) | 3,247 | 3,136,205,210 | | 25,969 | 6,718,932,903 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 18,068,673 | 18,219,511 | | | 10,551,090 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 10,170,533 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 280,522 | 280,522 | | 286,275 | 286,275 |
| 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) | 280,522 | 280,522 | | 286,275 | 286,275 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 18,349,195 | 18,500,033 | | 10,837,365 | 10,456,808 |

(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 4,079 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 14,609,735 | | 53,031,044 | | 67,640,779 |
| 2. Annuity considerations | | 125,156,073 | | 71,290,609 | | 196,446,681 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 139,765,808 | | 124,321,652 | | 264,087,460 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 163,829 | | | | 163,829 |
| 6.2 Applied to pay renewal premiums | | 139,090 | | | | 139,090 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 321,873 | | | | 321,873 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 624,792 | | | | 624,792 |
| Annuites: | | | | | | |
| 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) | | 624,792 | | | | 624,792 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 6,898,773 | | 340,849 | | 7,239,622 |
| 10. Matured endowments | | 1,000 | | | | 1,000 |
| 11. Annuity benefits | | 27,321,708 | | 10,638,500 | | 37,960,208 |
| 12. Surrender values and withdrawals for life contracts | | 134,039,847 | | 106,029,244 | | 240,069,090 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 45,321 | | | | 45,321 |
| 15. Totals | | 168,306,649 | | 117,008,593 | | 285,315,242 |
| 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 | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|------------------------------------|---------------|---|-------------|-------------------------|--------------|------------------------------------|-------------|------------------------------------|---------------|
| | 1 No. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 26 | 906,370 | | | 12 | 8,672 | | | .38 | .915,042 |
| 17. Incurred during current year | 122 | 6,896,773 | | | 10 | 312,410 | | | 132 | 7,209,183 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 141 | 7,414,190 | | | 13 | 321,083 | | | 154 | 7,735,272 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 141 | 7,414,190 | | | 13 | 321,083 | | | 154 | 7,735,272 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 141 | 7,414,190 | | | 13 | 321,083 | | | 154 | 7,735,272 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 7 | 388,954 | | | 9 | (1) | | | 16 | 388,953 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 8,897 | 1,445,119,431 | (a) | | 494 | 628,403,106 | | | 9,391 | 2,073,522,537 |
| 21. Issued during year | 32 | 25,904,996 | | | 1,975 | 65,287,607 | | | 2,007 | 91,192,603 |
| 22. Other changes to in force (Net) | (499) | (160,647,559) | | | (1,936) | (98,467,236) | | | (2,435) | (259,114,795) |
| 23. In force December 31 of current year | 8,430 | 1,310,376,868 | (a) | | 533 | 595,223,477 | | | 8,963 | 1,905,600,345 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 16,776,691 | 16,772,065 | | 9,159,100 | 7,728,833 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 74,426 | 74,426 | | 40,608 | 40,608 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 74,426 | 74,426 | | 40,608 | 40,608 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 16,851,117 | 16,846,491 | | 9,199,709 | 7,769,441 |

(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 3,280 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 1,006,520 | | 2,022,270 | | 3,028,789 |
| 2. Annuity considerations | | 37,458,739 | | 6,172,303 | | 43,631,042 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 38,465,259 | | 8,194,572 | | 46,659,831 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 11,293 | | | | 11,293 |
| 6.2 Applied to pay renewal premiums | | 9,637 | | | | 9,637 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 19,032 | | | | 19,032 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 39,962 | | | | 39,962 |
| 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) | | 39,962 | | | | 39,962 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 1,544,515 | | (18) | | 1,544,497 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 9,301,347 | | 1,569,327 | | 10,870,673 |
| 12. Surrender values and withdrawals for life contracts | | 53,013,949 | | 12,329,410 | | 65,343,359 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | .2 | | | | .2 |
| 15. Totals | | 63,859,813 | | 13,898,719 | | 77,758,532 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 3 | 1,035,905 | | | | | | | 3 | 1,035,905 |
| 17. Incurred during current year | 9 | 1,544,515 | | | | | | | 9 | 1,544,515 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 9 | 1,207,423 | | | | | | | 9 | 1,207,423 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 9 | 1,207,423 | | | | | | | 9 | 1,207,423 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 9 | 1,207,423 | | | | | | | 9 | 1,207,423 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 3 | 1,372,996 | | | | | | | 3 | 1,372,996 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 911 | 276,407,985 | (a) | 131 | 42,187,531 | | | 1,042 | 318,595,516 | |
| 21. Issued during year | | | | .38 | 10,595,000 | | | .38 | 10,595,000 | |
| 22. Other changes to in force (Net) | (36) | (31,137,172) | | (19) | (3,721,740) | | | (55) | (34,858,912) | |
| 23. In force December 31 of current year | 875 | 245,270,813 | (a) | 150 | 49,060,791 | | | 1,025 | 294,331,604 | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 23,184 | 27,789 | | 81 | (6,888) |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 23,184 | 27,789 | | 81 | (6,888) |
| 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 12 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 1,042,772 | | 46,025 | | 1,088,798 |
| 2. Annuity considerations | | 19,814,506 | | 24,828,591 | | 44,643,097 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 20,857,278 | | 24,874,616 | | 45,731,894 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 13,783 | | | | 13,783 |
| 6.2 Applied to pay renewal premiums | | 8,890 | | | | 8,890 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 21,798 | | | | 21,798 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 44,471 | | | | 44,471 |
| Annuites: | | | | | | |
| 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) | | 44,471 | | | | 44,471 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 3,009,425 | | 23,983 | | 3,033,408 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 3,937,974 | | 9,040,708 | | 12,978,682 |
| 12. Surrender values and withdrawals for life contracts | | 19,665,328 | | 29,884,374 | | 49,549,702 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 1 | | | | 1 |
| 15. Totals | | 26,612,728 | | 38,949,065 | | 65,561,793 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | 6 | 3,009,425 | | | 1 | 8,427 | | | 7 | 3,017,852 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 6 | 3,009,425 | | | 1 | 8,427 | | | 7 | 3,017,852 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 6 | 3,009,425 | | | 1 | 8,427 | | | 7 | 3,017,852 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 6 | 3,009,425 | | | 1 | 8,427 | | | 7 | 3,017,852 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 586 | 158,215,540 | (a) | | .21 | 22,469,670 | | | 607 | 180,685,210 |
| 21. Issued during year | | | | | 536 | 21,675,772 | | | 536 | 21,675,772 |
| 22. Other changes to in force (Net) | (36) | (12,025,637) | | | (517) | 41,796,156 | | | (553) | 29,770,519 |
| 23. In force December 31 of current year | 550 | 146,189,903 | (a) | | 40 | 85,941,598 | | | 590 | 232,131,501 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 | 5 |
|---|----------------------|-----------------------------|---|--------------------|------------------------|
| | | | | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 3,975,336 | 3,981,603 | | | 2,305,305 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 2,451,164 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,975,336 | 3,981,603 | | 2,305,305 | 2,451,164 |
| 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 286 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0140

DURING THE YEAR 2022

NAIC Company Code 66869

LIFE INSURANCE

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|-------------|-----------------|-------------|
| 1. Life insurance | | 12,269,295 | | 113,904,352 | | 126,173,647 |
| 2. Annuity considerations | | 193,992,338 | | 258,505,704 | | 452,498,042 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 206,261,633 | | 372,410,057 | | 578,671,689 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 129,959 | | | | 129,959 |
| 6.2 Applied to pay renewal premiums | | 115,637 | | | | 115,637 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 232,734 | | | | 232,734 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 478,330 | | | | 478,330 |
| Annuites: | | | | | | |
| 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) | | 478,330 | | | | 478,330 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 12,875,374 | | 4,591,044 | | 17,466,417 |
| 10. Matured endowments | | 1,000 | | | | 1,000 |
| 11. Annuity benefits | | 50,656,885 | | 21,961,278 | | 72,618,163 |
| 12. Surrender values and withdrawals for life contracts | | 188,655,972 | | 330,990,605 | | 519,646,577 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 14,049 | | | | 14,049 |
| 15. Totals | | 252,203,279 | | 357,542,926 | | 609,746,205 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|------------------------------------|---------------|---|-------------|-------------------------|---------------|------------------------------------|-------------|------------------------------------|---------------|
| | 1 No. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 29 | 1,560,139 | | | 3 | 107,061 | | | .32 | 1,667,200 |
| 17. Incurred during current year | 155 | 12,701,014 | | | 9 | 4,528,401 | | | 164 | 17,229,415 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 179 | 13,815,824 | | | 15 | 4,303,464 | | | 194 | 18,119,287 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 179 | 13,815,824 | | | 15 | 4,303,464 | | | 194 | 18,119,287 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 179 | 13,815,824 | | | 15 | 4,303,464 | | | 194 | 18,119,287 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 5 | 445,329 | | | (3) | 331,999 | | | 2 | 777,327 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 8,550 | 1,922,557,362 | (a) | | 3,696 | 3,678,646,035 | | | 12,246 | 5,601,203,397 |
| 21. Issued during year | 21 | 17,727,134 | | | 1,958 | 1,227,595,793 | | | 1,979 | 1,245,322,927 |
| 22. Other changes to in force (Net) | (537) | (141,672,110) | | | (1,365) | (404,364,053) | | | (1,902) | (546,036,163) |
| 23. In force December 31 of current year | 8,034 | 1,798,612,386 | (a) | | 4,289 | 4,501,877,775 | | | 12,323 | 6,300,490,161 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 22,788,480 | 23,759,669 | | | 15,305,327 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 14,256,607 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 5,823 | 5,823 | | (980) | (980) |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 5,823 | 5,823 | | (980) | (980) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 22,794,304 | 23,765,492 | | 15,304,347 | 14,255,626 |

(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 2,581 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 3,978,012 | | | 48,521,453 | | 52,499,465 |
| 2. Annuity considerations | 139,865,158 | | | 85,577,505 | | 225,442,662 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 143,843,170 | | | 134,098,958 | | 277,942,128 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 71,243 | | | 68 | | 71,311 |
| 6.2 Applied to pay renewal premiums | 98,663 | | | | | 98,663 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 141,055 | | | | | 141,055 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 310,961 | | | 68 | | 311,029 |
| Annuites: | | | | | | |
| 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) | | | | 68 | | 311,029 |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 310,961 | | | 68 | | 311,029 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 4,561,402 | | | 4,621,647 | | 9,183,049 |
| 10. Matured endowments | 2,500 | | | | | 2,500 |
| 11. Annuity benefits | 27,179,452 | | | 7,556,430 | | 34,735,882 |
| 12. Surrender values and withdrawals for life contracts | 125,064,081 | | | 80,472,715 | | 205,536,796 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 15,005 | | | | | 15,005 |
| 15. Totals | 156,822,439 | | | 92,650,793 | | 249,473,232 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 19 | 122,583 | | | 3 | 1 | | | 22 | 122,584 |
| 17. Incurred during current year | 109 | 4,561,402 | | | 2 | 4,621,387 | | | 111 | 9,182,788 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 123 | 3,337,217 | | | 2 | 3,821,049 | | | 125 | 7,158,266 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 123 | 3,337,217 | | | 2 | 3,821,049 | | | 125 | 7,158,266 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 123 | 3,337,217 | | | 2 | 3,821,049 | | | 125 | 7,158,266 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 5 | 1,346,767 | | | 3 | 800,339 | | | 8 | 2,147,106 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 4,993 | 467,273,881 | (a) | | 377 | 1,259,738,405 | | | 5,370 | 1,727,012,286 |
| 21. Issued during year | 3 | 2,862,558 | | | 1,097 | 32,558,242 | | | 1,100 | 35,420,800 |
| 22. Other changes to in force (Net) | (274) | (19,825,238) | | | (1,063) | 746,569,424 | | | (1,337) | 726,744,185 |
| 23. In force December 31 of current year | 4,722 | 450,311,201 | (a) | | 411 | 2,038,866,071 | | | 5,133 | 2,489,177,271 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|---|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 20,779,435 | 21,120,455 | | | 13,371,364 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 12,139,936 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 19,415 | 19,415 | | | 13,982 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 13,982 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 19,415 | 19,415 | | | 13,982 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 20,798,849 | 21,139,870 | | | 13,385,346 |
| (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 1,165 |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 6,002,171 | | | 37,958,842 | | 43,961,013 |
| 2. Annuity considerations | 40,266,273 | | | 61,827,204 | | 102,093,476 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 46,268,444 | | | 99,786,045 | | 146,054,489 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 39,984 | | | | | 39,984 |
| 6.2 Applied to pay renewal premiums | 74,334 | | | | | 74,334 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 118,739 | | | 28 | | 118,767 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 233,057 | | | 28 | | 233,085 |
| Annuites: | | | | | | |
| 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) | | | | 28 | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 233,057 | | | 28 | | 233,085 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 1,208,156 | | | 5,748,579 | | 6,956,735 |
| 10. Matured endowments | 4,344 | | | | | 4,344 |
| 11. Annuity benefits | 8,533,256 | | | 3,889,361 | | 12,422,618 |
| 12. Surrender values and withdrawals for life contracts | 25,406,281 | | | 80,690,474 | | 106,096,755 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 3,266 | | | | | 3,266 |
| 15. Totals | 35,155,303 | | | 90,328,414 | | 125,483,717 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 6 | 119,463 | | | (3) | | | | 3 | 119,463 |
| 17. Incurred during current year | 22 | 1,208,156 | | | 7 | 5,747,780 | | | 29 | 6,955,936 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 26 | 1,289,770 | | | 7 | 5,747,780 | | | .33 | 7,037,550 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 26 | 1,289,770 | | | 7 | 5,747,780 | | | .33 | 7,037,550 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 26 | 1,289,770 | | | 7 | 5,747,780 | | | .33 | 7,037,550 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 2 | 37,849 | | | (3) | | | | (1) | 37,849 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,544 | 405,202,840 | (a) | | 1,248 | 3,223,918,665 | | | 2,792 | 3,629,121,505 |
| 21. Issued during year | | | | | 304 | 28,589,118 | | | 304 | 28,589,118 |
| 22. Other changes to in force (Net) | (81) | (16,823,738) | | | (306) | (875,208,165) | | | (387) | (892,031,904) |
| 23. In force December 31 of current year | 1,463 | 388,379,102 | (a) | | 1,246 | 2,377,299,618 | | | 2,709 | 2,765,678,719 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 2,264,228 | 2,284,491 | | 1,126,287 | 981,462 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 2,264,228 | 2,284,491 | | 1,126,287 | 981,462 |
| 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 841 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 2,141,096 | | 9,285,700 | | 11,426,795 | |
| 2. Annuity considerations | | 61,173,929 | | 21,863,152 | | 83,037,081 | |
| 3. Deposit-type contract funds | | | XXX | | XXX | | |
| 4. Other considerations | | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 63,315,024 | | 31,148,852 | | 94,463,876 | |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | | |
| Life insurance: | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 25,245 | | | | 25,245 | |
| 6.2 Applied to pay renewal premiums | | 39,315 | | | | 39,315 | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 66,510 | | | | 66,510 | |
| 6.4 Other | | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 131,071 | | | | 131,071 | |
| Annuites: | | | | | | | |
| 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) | | 131,071 | | | | 131,071 | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | |
| 9. Death benefits | | 2,616,394 | | | 57 | | 2,616,451 |
| 10. Matured endowments | | | | | | | |
| 11. Annuity benefits | | 19,314,393 | | 1,544,964 | | | 20,859,357 |
| 12. Surrender values and withdrawals for life contracts | | 70,748,038 | | 39,123,892 | | | 109,871,930 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | |
| 14. All other benefits, except accident and health | | 8,147 | | | | | 8,147 |
| 15. Totals | | 92,686,972 | | 40,668,913 | | | 133,355,885 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 6 | (4,121) | | | 3 | 1 | | | 9 | (4,120) |
| 17. Incurred during current year | 19 | 2,591,144 | | | | 138 | | | 19 | 2,591,282 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 25 | 2,567,080 | | | | 138 | | | 25 | 2,567,218 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 25 | 2,567,080 | | | | 138 | | | 25 | 2,567,218 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 25 | 2,567,080 | | | | 138 | | | 25 | 2,567,218 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | 19,943 | | | 3 | 1 | | | 3 | 19,944 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,628 | 329,701,199 | (a) | | 17 | 26,936,113 | | | 1,645 | 356,637,312 |
| 21. Issued during year | 1 | 10,000 | | | 541 | 17,471,083 | | | 542 | 17,481,083 |
| 22. Other changes to in force (Net) | (134) | (36,568,537) | | | (523) | (6,920,794) | | | (657) | (43,489,331) |
| 23. In force December 31 of current year | 1,495 | 293,142,662 | (a) | | 35 | 37,486,402 | | | 1,530 | 330,629,064 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 1,031,328 | 1,736,618 | | | 1,835,898 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | (157,053) |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 48 | 48 | | | |
| 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) | 48 | 48 | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,031,376 | 1,736,666 | | 1,835,898 | (157,053) |

(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 354 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 2,998,247 | | 9,176,255 | | 12,174,501 |
| 2. Annuity considerations | | 67,088,585 | | 19,315,941 | | 86,404,527 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 70,086,832 | | 28,492,196 | | 98,579,028 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 125,328 | | | | 125,328 |
| 6.2 Applied to pay renewal premiums | | 129,214 | | | | 129,214 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 249,701 | | | | 249,701 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 504,243 | | | | 504,243 |
| 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) | | 504,243 | | | | 504,243 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 4,866,274 | | 554,464 | | 5,420,738 |
| 10. Matured endowments | | 1,000 | | | | 1,000 |
| 11. Annuity benefits | | 12,748,575 | | 3,034,535 | | 15,783,111 |
| 12. Surrender values and withdrawals for life contracts | | 63,245,010 | | 146,627,539 | | 209,872,549 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 93,779 | | | | 93,779 |
| 15. Totals | | 80,954,638 | | 150,216,538 | | 231,171,176 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 11 | 119,867 | | | | | | | 11 | .119,867 |
| 17. Incurred during current year | 122 | 4,866,274 | | | | 768 | | | 122 | 4,867,042 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 128 | 4,660,754 | | | | 768 | | | 128 | 4,661,523 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 128 | 4,660,754 | | | | 768 | | | 128 | 4,661,523 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 128 | 4,660,754 | | | | 768 | | | 128 | 4,661,523 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 5 | 325,386 | | | | | | | 5 | 325,386 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 5,326 | 504,266,454 | (a) | 42 | 3,862,943,151 | | | 5,368 | 4,367,209,605 | |
| 21. Issued during year | | | | 712 | 20,896,660 | | | 712 | 20,896,660 | |
| 22. Other changes to in force (Net) | (334) | (49,878,615) | | (702) | (3,808,845,678) | | | (1,036) | (3,858,724,293) | |
| 23. In force December 31 of current year | 4,992 | 454,387,839 | (a) | 52 | 74,994,133 | | | 5,044 | 529,381,972 | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 3,845,131 | 3,880,624 | | | 7,538,270 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 4,849,915 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 20,126 | 20,126 | | | 6,984 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 6,984 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 20,126 | 20,126 | | | 6,984 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,865,257 | 3,900,750 | | | 7,545,253 |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products 942 | | | | 0 | and number of persons |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 3,781,515 | | | 3,475,223 | | 7,256,739 |
| 2. Annuity considerations | 57,568,545 | | | 51,614,891 | | 109,183,436 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 61,350,060 | | | 55,090,114 | | 116,440,175 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 32,158 | | | | | 32,158 |
| 6.2 Applied to pay renewal premiums | 94,548 | | | | | 94,548 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 95,192 | | | | | 95,192 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 221,899 | | | | | 221,899 |
| Annuites: | | | | | | |
| 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) | 221,899 | | | | | 221,899 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 169,245 | | | 878,368 | | 1,047,613 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 9,848,459 | | | 7,086,625 | | 16,935,084 |
| 12. Surrender values and withdrawals for life contracts | 68,098,957 | | | 69,175,502 | | 137,274,458 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 5,712 | | | | | 5,712 |
| 15. Totals | 78,122,372 | | | 77,140,495 | | 155,262,867 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | 1 | 295,900 | | | 1 | .295,900 |
| 17. Incurred during current year | 13 | 169,245 | | | 1 | 864,168 | | | 14 | 1,033,413 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 13 | 159,245 | | | 1 | 1,160,069 | | | 14 | 1,319,314 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 13 | 159,245 | | | 1 | 1,160,069 | | | 14 | 1,319,314 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 13 | 159,245 | | | 1 | 1,160,069 | | | 14 | 1,319,314 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | 10,000 | | | 1 | (1) | | | 1 | 9,999 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,049 | 242,263,867 | (a) | | 58 | 108,695,611 | | | 1,107 | 350,959,478 |
| 21. Issued during year | 6 | 1,682,105 | | | 812 | 22,571,410 | | | 818 | 24,253,515 |
| 22. Other changes to in force (Net) | (60) | (12,285,741) | | | (798) | (22,648,575) | | | (858) | (34,934,316) |
| 23. In force December 31 of current year | 995 | 231,660,232 | (a) | | 72 | 108,618,446 | | | 1,067 | 340,278,677 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| 24. Group Policies (b) | | 1,164,539 | 1,456,061 | | 738,823 | 621,546 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | | |
| 24.2 Credit (Group and Individual) | | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | | |
| Other Individual Policies: | | | | | | |
| 25.1 Non-cancellable (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) | | 1,164,539 | 1,456,061 | | 738,823 | 621,546 |
| 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 944 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 661,574 | | 1,707,645 | | 2,369,220 |
| 2. Annuity considerations | | 24,421,385 | | 16,030,927 | | 40,452,312 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 25,082,959 | | 17,738,572 | | 42,821,532 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 58,328 | | | | 58,328 |
| 6.2 Applied to pay renewal premiums | | 42,344 | | | | 42,344 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 78,525 | | | | 78,525 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 179,197 | | | | 179,197 |
| 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) | | 179,197 | | | | 179,197 |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | 179,197 | | | | 179,197 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 1,034,509 | | | 950 | 1,035,460 |
| 10. Matured endowments | | 1,636 | | | | 1,636 |
| 11. Annuity benefits | | 5,494,711 | | | 595,352 | 6,090,063 |
| 12. Surrender values and withdrawals for life contracts | | 26,900,613 | | | 11,970,732 | 38,871,346 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 5,364 | | | | 5,364 |
| 15. Totals | | 33,436,834 | | | 12,567,034 | 46,003,868 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 4 | 19,280 | | | | | | | 4 | 19,280 |
| 17. Incurred during current year | 42 | 1,034,509 | | | | | 877 | | 42 | 1,035,387 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 46 | 751,741 | | | | | 877 | | 46 | 752,618 |
| 18.2 By payment on compromised claims | | | | | | | 877 | | 46 | 752,618 |
| 18.3 Totals paid | 46 | 751,741 | | | | | 877 | | 46 | 752,618 |
| 18.4 Reduction by compromise | | | | | | | 877 | | 46 | 752,618 |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 46 | 751,741 | | | | | 877 | | 46 | 752,618 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | 302,048 | | | | | | | | 302,048 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,493 | 127,554,999 | (a) | | 2,438,981 | | | | 1,493 | 129,993,980 |
| 21. Issued during year | 1 | 500,000 | | | 1,908,000 | | | | 44 | 2,408,000 |
| 22. Other changes to in force (Net) | (104) | (16,576,797) | | | 21,506,535 | | | | (147) | 4,929,738 |
| 23. In force December 31 of current year | 1,390 | 111,478,202 | (a) | | 25,853,516 | | | | 1,390 | 137,331,718 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 | 5 |
|---|----------------------|-----------------------------|---|--------------------|------------------------|
| | | | | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 837,227 | 875,165 | | | 649,990 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 544,501 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 837,227 | 875,165 | | | 649,990 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | 544,501 |

(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 148 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 15,691,021 | | | 6,884,642 | | 22,575,663 |
| 2. Annuity considerations | 94,786,943 | | | 169,521,097 | | 264,308,040 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 110,477,965 | | | 176,405,738 | | 286,883,703 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 233,974 | | | | | .233,974 |
| 6.2 Applied to pay renewal premiums | 215,783 | | | | | .215,783 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 512,472 | | | | | 512,472 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 962,230 | | | | | 962,230 |
| Annuites: | | | | | | |
| 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) | 962,230 | | | | | 962,230 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 11,413,641 | | | 17,976 | | 11,431,617 |
| 10. Matured endowments | 50,900 | | | | | 50,900 |
| 11. Annuity benefits | 24,474,424 | | | 19,773,555 | | 44,247,979 |
| 12. Surrender values and withdrawals for life contracts | 112,715,030 | | | 142,557,277 | | 255,272,307 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 128,717 | | | | | 128,717 |
| 15. Totals | 148,782,712 | | | 162,348,808 | | 311,131,520 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | .63 | 3,804,487 | | | | | | | .63 | 3,804,487 |
| 17. Incurred during current year | 437 | 11,403,641 | | | 3 | 24,378 | | | 440 | 11,428,019 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 471 | 13,548,550 | | | 3 | 24,378 | | | 474 | 13,572,928 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 471 | 13,548,550 | | | 3 | 24,378 | | | 474 | 13,572,928 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 471 | 13,548,550 | | | 3 | 24,378 | | | 474 | 13,572,928 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 29 | 1,659,578 | | | | | | | 29 | 1,659,578 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 20,498 | 1,790,997,467 | (a) | | 249 | 401,626,930 | | | 20,747 | 2,192,624,397 |
| 21. Issued during year | 2 | 201,000 | | | 502 | 19,290,525 | | | 504 | 19,491,525 |
| 22. Other changes to in force (Net) | (1,325) | (169,814,583) | | | (491) | (69,088,690) | | | (1,816) | (238,903,273) |
| 23. In force December 31 of current year | 19,175 | 1,621,383,884 | (a) | | 260 | 351,828,766 | | | 19,435 | 1,973,212,649 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|---|
| | | | | | |
| 24. Group Policies (b) | 8,592,161 | 8,774,651 | | | 3,536,754 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 3,573,703 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 198,018 | 198,018 | | | 168,693 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 168,693 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 198,018 | 198,018 | | | 168,693 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 8,790,180 | 8,972,669 | | | 3,705,446 |
| (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 |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0140

DURING THE YEAR 2022

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 ..... | ..... | 9,863,749 | | 32,418,348 | | 42,282,097 |
| 2. Annuity considerations ..... | ..... | 197,665,956 | | 208,326,976 | | 405,992,932 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 207,529,705 | | 240,745,324 | | 448,275,029 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 183,311 | | | | 183,311 |
| 6.2 Applied to pay renewal premiums | | 252,259 | | | | 252,259 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 271,262 | | | | 271,262 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 706,832 | | | | 706,832 |
| Annuites: | | | | | | |
| 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) | | 706,832 | | | | 706,832 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 8,677,721 | | | 539,559 | |
| 10. Matured endowments | | 1,000 | | | | 1,000 |
| 11. Annuity benefits | | 58,958,977 | | | 13,673,999 | |
| 12. Surrender values and withdrawals for life contracts | | 193,163,838 | | | 153,850,033 | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 19,174 | | | | 19,174 |
| 15. Totals | | 260,820,710 | | | 168,063,590 | |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 11 | 13,771,879 | | | | 193,426 | | | 11 | 13,965,305 |
| 17. Incurred during current year | 122 | 8,663,006 | | | 3 | 542,357 | | | 125 | 9,205,363 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 126 | 22,006,838 | | | 3 | 412,781 | | | 129 | 22,419,619 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 126 | 22,006,838 | | | 3 | 412,781 | | | 129 | 22,419,619 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 126 | 22,006,838 | | | 3 | 412,781 | | | 129 | 22,419,619 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 7 | 428,047 | | | | 323,002 | | | 7 | 751,049 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 5,506 | 989,071,520 | (a) | | 1,411 | 4,373,917,826 | | | 6,917 | 5,362,989,346 |
| 21. Issued during year | 14 | 17,300,000 | | | 199 | 10,695,982 | | | 213 | 27,995,982 |
| 22. Other changes to in force (Net) | (278) | (70,361,274) | | | (205) | (392,945,928) | | | (483) | (463,307,202) |
| 23. In force December 31 of current year | 5,242 | 936,010,246 | (a) | 1,405 | 3,991,667,880 | | | | 6,647 | 4,927,678,126 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 9,512,579 | 9,742,135 | | | 10,539,075 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (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) | 7,315 | 7,315 | | 2,311 | 2,311 |
| 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) | 7,372 | 7,372 | | 2,311 | 2,311 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 9,519,951 | 9,749,508 | | 10,541,386 | 10,062,224 |

(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 320 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0140

DURING THE YEAR 2022

NAIC Company Code 66869

LIFE INSURANCE

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-------------|---------------|---|-------------|-----------------|-------------|
| 1. Life insurance | 12,364,624 | | | 7,783,316 | | 20,147,940 |
| 2. Annuity considerations | 200,426,954 | | | 109,452,814 | | 309,879,769 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 212,791,578 | | | 117,236,130 | | 330,027,709 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 87,710 | | | | | 87,710 |
| 6.2 Applied to pay renewal premiums | 65,543 | | | | | 65,543 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 159,031 | | | 36 | | 159,067 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 312,284 | | | 36 | | 312,320 |
| Annuites: | | | | | | |
| 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) | | | | 36 | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 312,284 | | | 36 | | 312,320 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 8,625,514 | | | (18,638) | | 8,606,876 |
| 10. Matured endowments | 6,717 | | | | | 6,717 |
| 11. Annuity benefits | 43,818,258 | | | 20,613,468 | | 64,431,726 |
| 12. Surrender values and withdrawals for life contracts | 148,441,725 | | | 178,823,515 | | 327,265,240 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 27,761 | | | | | 27,761 |
| 15. Totals | 200,919,976 | | | 199,418,345 | | 400,338,321 |
| 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 | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|------------------------------------|---------------|---|-------------|-------------------------|--------------|------------------------------------|-------------|------------------------------------|---------------|
| | 1 No. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 18 | 260,108 | | | 2 | 1 | | | 20 | 260,109 |
| 17. Incurred during current year | 122 | 8,591,251 | | | 1 | 50,147 | | | 123 | 8,641,398 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 137 | 8,712,982 | | | 1 | 48,154 | | | 138 | 8,761,136 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 137 | 8,712,982 | | | 1 | 48,154 | | | 138 | 8,761,136 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 137 | 8,712,982 | | | 1 | 48,154 | | | 138 | 8,761,136 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 3 | 138,377 | | | 2 | 1,994 | | | 5 | 140,371 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 8,065 | 1,930,592,446 | (a) | | 178 | 272,294,024 | | | 8,243 | 2,202,886,470 |
| 21. Issued during year | 2 | 1,091,226 | | | 876 | 30,474,375 | | | 878 | 31,565,601 |
| 22. Other changes to in force (Net) | (486) | (127,801,886) | | | (838) | (32,669,597) | | | (1,324) | (160,471,483) |
| 23. In force December 31 of current year | 7,581 | 1,803,881,786 | (a) | | 216 | 270,098,802 | | | 7,797 | 2,073,980,588 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 | 5 |
|--|----------------------|-----------------------------|---|--------------------|------------------------|
| | | | | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 10,171,253 | 10,185,574 | | 4,334,734 | 3,484,080 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 6,391 | 6,391 | | (3,376) | (3,376) |
| 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) | 6,391 | 6,391 | | (3,376) | (3,376) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,177,644 | 10,191,966 | | 4,331,358 | 3,480,704 |

(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 1,172 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 6,746,962 | | 178,584,095 | | 185,331,057 |
| 2. Annuity considerations | | 93,945,289 | | 59,847,076 | | 153,792,364 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 100,692,250 | | 238,431,171 | | 339,123,421 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 146,723 | | | | .146,723 |
| 6.2 Applied to pay renewal premiums | | 192,335 | | | | .192,335 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 190,354 | | | | 190,354 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 529,412 | | | | 529,412 |
| 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) | | 529,412 | | | | 529,412 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 9,373,763 | | 4,914,507 | | 14,288,270 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 16,188,900 | | 15,549,649 | | 31,738,548 |
| 12. Surrender values and withdrawals for life contracts | | 99,815,396 | | 94,510,347 | | 194,325,743 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | .4 | | | | .4 |
| 15. Totals | | 125,378,063 | | 114,974,503 | | 240,352,566 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | .20 | 546,474 | | | 1 | .33,435 | | | .21 | .579,909 |
| 17. Incurred during current year | .63 | 9,362,847 | | | 4 | 4,917,664 | | | .67 | .14,280,512 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .72 | .8,484,586 | | | 4 | 4,945,336 | | | .76 | .13,429,922 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | .72 | .8,484,586 | | | 4 | 4,945,336 | | | .76 | .13,429,922 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | .72 | .8,484,586 | | | 4 | 4,945,336 | | | .76 | .13,429,922 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 11 | 1,424,735 | | | 1 | 5,763 | | | 12 | 1,430,499 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 4,727 | 1,223,497,697 | (a) | | 1,454 | 2,030,143,047 | | | .6,181 | .3,253,640,744 |
| 21. Issued during year | | | | | .569 | .226,091,924 | | | .569 | .226,091,924 |
| 22. Other changes to in force (Net) | (181) | (203,700,990) | | | (375) | (45,076,875) | | | (556) | (248,777,865) |
| 23. In force December 31 of current year | 4,546 | 1,019,796,707 | (a) | | 1,648 | 2,211,158,096 | | | 6,194 | 3,230,954,803 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | | | | | |
| 24. Group Policies (b) | 1,243,680 | 1,265,910 | | | 187,311 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 13,086 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 6,180 | 6,180 | | | 1,904 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 1,904 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 6,180 | 6,180 | | | 1,904 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,249,861 | 1,272,090 | | | 189,215 |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products | 687 | | | 0 | and number of persons |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 2,398,217 | | | 1,433,247 | | 3,831,464 |
| 2. Annuity considerations | 53,268,535 | | | 9,739,943 | | 63,008,478 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 55,666,751 | | | 11,173,190 | | 66,839,941 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 26,664 | | | | | 26,664 |
| 6.2 Applied to pay renewal premiums | 11,588 | | | | | 11,588 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 68,991 | | | | | 68,991 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 107,243 | | | | | 107,243 |
| Annuites: | | | | | | |
| 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) | 107,243 | | | | | 107,243 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 2,509,063 | | | 50,676 | | 2,559,739 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 5,009,619 | | | 870,093 | | 5,879,712 |
| 12. Surrender values and withdrawals for life contracts | 21,915,569 | | | 9,733,398 | | 31,648,966 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 44,157 | | | | | 44,157 |
| 15. Totals | 29,478,408 | | | 10,654,167 | | 40,132,575 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 5 | 170,294 | | | 2 | 2,500 | | | 7 | 172,794 |
| 17. Incurred during current year | 40 | 2,490,063 | | | 6 | 23,307 | | | 46 | 2,513,370 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 41 | 2,604,431 | | | 7 | 25,807 | | | 48 | 2,630,238 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 41 | 2,604,431 | | | 7 | 25,807 | | | 48 | 2,630,238 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 41 | 2,604,431 | | | 7 | 25,807 | | | 48 | 2,630,238 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 4 | 55,926 | | | 1 | | | | 5 | 55,926 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 2,290 | 314,434,821 | (a) | 9 | 18,217,832 | | | 2,299 | 332,652,653 | |
| 21. Issued during year | 2 | 350,015 | | 917 | 21,645,018 | | | 919 | 21,995,033 | |
| 22. Other changes to in force (Net) | (139) | (39,341,557) | | (904) | 15,276,696 | | | (1,043) | (24,064,861) | |
| 23. In force December 31 of current year | 2,153 | 275,443,279 | (a) | 22 | 55,139,546 | | | 2,175 | 330,582,825 | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 2,562,476 | 2,572,250 | | 1,835,229 | 2,024,883 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 29,312 | 29,312 | | 8,155 | 8,155 |
| 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) | 29,312 | 29,312 | | 8,155 | 8,155 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,591,788 | 2,601,562 | | 1,843,383 | 2,033,037 |

(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 985 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 1,677,218 | | 39,629,919 | | 41,307,137 |
| 2. Annuity considerations | | 59,819,383 | | 56,281,503 | | 116,100,886 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 61,496,600 | | 95,911,422 | | 157,408,022 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 58,230 | | | | 58,230 |
| 6.2 Applied to pay renewal premiums | | 44,706 | | | | 44,706 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 105,118 | | | | 105,118 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 208,055 | | | | 208,055 |
| 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) | | 208,055 | | | | 208,055 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 3,803,864 | | 1,379,594 | | 5,183,457 |
| 10. Matured endowments | | 3,000 | | | | 3,000 |
| 11. Annuity benefits | | 17,927,640 | | 6,410,203 | | 24,337,843 |
| 12. Surrender values and withdrawals for life contracts | | 69,803,290 | | 135,421,894 | | 205,225,185 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 24,151 | | | | 24,151 |
| 15. Totals | | 91,561,945 | | 143,211,691 | | 234,773,636 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 4 | 25,211 | | | 3 | 3,926 | | | 7 | 29,137 |
| 17. Incurred during current year | 43 | 3,799,364 | | | 2 | 1,366,733 | | | 45 | 5,166,096 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 46 | 3,806,067 | | | 3 | 1,370,660 | | | 49 | 5,176,727 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 46 | 3,806,067 | | | 3 | 1,370,660 | | | 49 | 5,176,727 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 46 | 3,806,067 | | | 3 | 1,370,660 | | | 49 | 5,176,727 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 1 | 18,507 | | | 2 | (1) | | | 3 | 18,506 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 2,517 | 692,453,796 | (a) | | 246 | 339,302,478 | | | 2,763 | 1,031,756,274 |
| 21. Issued during year | | | | | 1,173 | 43,805,208 | | | 1,173 | 43,805,208 |
| 22. Other changes to in force (Net) | (132) | (90,377,325) | | | (1,157) | (115,851,276) | | | (1,289) | (206,228,601) |
| 23. In force December 31 of current year | 2,385 | 602,076,471 | (a) | | 262 | 267,256,410 | | | 2,647 | 869,332,881 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 5,073,268 | 5,120,489 | | | 3,448,028 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 2,731,130 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 2,065 | 2,065 | | | 110 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 110 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 2,065 | 2,065 | | | 110 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 5,075,333 | 5,122,554 | | | 3,448,138 |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products | | | 0 | | |
| insured under indemnity only products | 1,549 | | | | |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 872,408 | | | (16,829) | | 855,580 |
| 2. Annuity considerations | 15,074,278 | | | 9,078,153 | | 24,152,432 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 15,946,687 | | | 9,061,325 | | 25,008,011 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 6,440 | | | | | 6,440 |
| 6.2 Applied to pay renewal premiums | 15,899 | | | | | 15,899 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 23,256 | | | | | 23,256 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 45,595 | | | | | 45,595 |
| Annuites: | | | | | | |
| 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) | 45,595 | | | | | 45,595 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 176,651 | | | (125) | | 176,526 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 3,189,588 | | | 1,281,532 | | 4,471,120 |
| 12. Surrender values and withdrawals for life contracts | 7,596,952 | | | 7,942,649 | | 15,539,601 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 4,894 | | | | | 4,894 |
| 15. Totals | 10,968,086 | | | 9,224,056 | | 20,192,142 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 1 | | | | (1) | | | | | |
| 17. Incurred during current year | 4 | 166,651 | | | | 432 | | | 4 | 167,083 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 5 | 147,071 | | | | 432 | | | 5 | 147,503 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 5 | 147,071 | | | 432 | | | | 5 | 147,503 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 5 | 147,071 | | | 432 | | | | 5 | 147,503 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | 19,580 | | | (1) | | | | (1) | 19,580 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 479 | 93,346,610 | (a) | | 1,684,971 | | | | 479 | 95,031,581 |
| 21. Issued during year | | | | | 46 | 1,320,000 | | | 46 | 1,320,000 |
| 22. Other changes to in force (Net) | (19) | (4,189,059) | | | (46) | (1,403,508) | | | (65) | (5,592,567) |
| 23. In force December 31 of current year | 460 | 89,157,551 | (a) | | | 1,601,463 | | | 460 | 90,759,014 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 238,257 | 240,856 | | | 156,272 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 52,154 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 2,267 | 2,267 | | 722 | 722 |
| 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) | 2,267 | 2,267 | | 722 | 722 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 240,524 | 243,123 | | 156,994 | 52,877 |

(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 75 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 865,642 | | 1,229,363 | | 2,095,005 |
| 2. Annuity considerations | | 27,459,938 | | 19,332,614 | | 46,792,552 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 28,325,580 | | 20,561,977 | | 48,887,557 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 11,350 | | | | 11,350 |
| 6.2 Applied to pay renewal premiums | | 16,372 | | | | 16,372 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 26,449 | | | | 26,449 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 54,171 | | | | 54,171 |
| 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) | | 54,171 | | | | 54,171 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 511,991 | | (857) | | 511,134 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 7,361,124 | | 1,883,325 | | 9,244,450 |
| 12. Surrender values and withdrawals for life contracts | | 21,145,893 | | 24,179,602 | | 45,325,495 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 1,406 | | | | 1,406 |
| 15. Totals | | 29,020,414 | | 26,062,071 | | 55,082,484 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 3 | 14,101 | | | 1 | | | | 4 | 14,101 |
| 17. Incurred during current year | 15 | 511,991 | | | | 820 | | | 15 | 512,811 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 17 | 525,651 | | | | 820 | | | 17 | 526,471 |
| 18.2 By payment on compromised claims | | | | | | 820 | | | | |
| 18.3 Totals paid | 17 | 525,651 | | | | 820 | | | 17 | 526,471 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 17 | 525,651 | | | | 820 | | | 17 | 526,471 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 1 | 441 | | | 1 | | | | 2 | 441 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 603 | 117,168,830 | (a) | | 117 | 119,737,447 | | | 720 | 236,906,277 |
| 21. Issued during year | 21 | 10,174,202 | | | 138 | 6,451,159 | | | 159 | 16,625,361 |
| 22. Other changes to in force (Net) | (56) | (9,657,241) | | | (135) | (36,054,017) | | | (191) | (45,711,258) |
| 23. In force December 31 of current year | 568 | 117,685,791 | (a) | | 120 | 90,134,589 | | | 688 | 207,820,380 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 2,816,290 | 2,819,017 | | 1,304,793 | .477,110 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 2,816,290 | 2,819,017 | | 1,304,793 | .477,110 |
| 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 415 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 1,785,448 | | 3,185,853 | | 4,971,301 |
| 2. Annuity considerations | | 32,225,399 | | 35,016,761 | | 67,242,160 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 34,010,846 | | 38,202,614 | | 72,213,461 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 27,252 | | | | 27,252 |
| 6.2 Applied to pay renewal premiums | | 20,767 | | | | 20,767 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 29,026 | | | | 29,026 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 77,045 | | | | 77,045 |
| 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) | | 77,045 | | | | 77,045 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 2,231,003 | | 5,093 | | 2,236,096 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 8,012,758 | | 2,832,564 | | 10,845,322 |
| 12. Surrender values and withdrawals for life contracts | | 40,784,804 | | 26,952,435 | | 67,737,239 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 8,047 | | | | 8,047 |
| 15. Totals | | 51,036,612 | | 29,790,092 | | 80,826,704 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 3 | 65,660 | | | | | | | 3 | 65,660 |
| 17. Incurred during current year | 19 | 2,221,003 | | | 4 | 5,585 | | | .23 | 2,226,588 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 21 | 2,212,694 | | | 4 | 5,585 | | | 25 | 2,218,279 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 21 | 2,212,694 | | | 4 | 5,585 | | | 25 | 2,218,279 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 21 | 2,212,694 | | | 4 | 5,585 | | | 25 | 2,218,279 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 1 | 73,969 | | | | | | | 1 | 73,969 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 946 | 200,937,363 | (a) | | 4 | 19,228,011 | | | 950 | 220,165,374 |
| 21. Issued during year | | | | | 291 | 8,600,340 | | | 291 | 8,600,340 |
| 22. Other changes to in force (Net) | (40) | (8,951,798) | | | (291) | 194,911,311 | | | (331) | 185,959,513 |
| 23. In force December 31 of current year | 906 | 191,985,565 | (a) | | 4 | 222,739,662 | | | 910 | 414,725,227 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 2,116,287 | 2,122,702 | | 1,453,094 | .443,187 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 21 | 21 | | | |
| 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) | 21 | 21 | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,116,308 | 2,122,723 | | 1,453,094 | 443,187 |

(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 540 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 1,678,040 | | 1,893,475 | | 3,571,516 |
| 2. Annuity considerations | | 41,232,202 | | 32,020,831 | | 73,253,033 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 42,910,243 | | 33,914,306 | | 76,824,549 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 50,439 | | | | 50,439 |
| 6.2 Applied to pay renewal premiums | | 36,855 | | | | 36,855 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 63,679 | | | | 63,679 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 150,974 | | | | 150,974 |
| 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) | | 150,974 | | | | 150,974 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 2,652,663 | | (1,799) | | 2,650,863 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 8,188,861 | | 1,256,514 | | 9,445,375 |
| 12. Surrender values and withdrawals for life contracts | | 36,275,983 | | 19,697,877 | | 55,973,860 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 4,127 | | | | 4,127 |
| 15. Totals | | 47,121,633 | | 20,952,591 | | 68,074,225 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 2 | 20,990 | | | | | | | 2 | 20,990 |
| 17. Incurred during current year | 28 | 2,652,663 | | | | | | | 28 | 2,652,663 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 29 | 2,665,891 | | | | | | | 29 | 2,665,891 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 29 | 2,665,891 | | | | | | | 29 | 2,665,891 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 29 | 2,665,891 | | | | | | | 29 | 2,665,891 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 1 | 7,761 | | | | | | | 1 | 7,761 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 2,159 | 306,788,928 | (a) | 4 | 9,147,178 | | | 2,163 | 315,936,106 | |
| 21. Issued during year | 1 | 169,174 | | 22 | 2,172,000 | | | 23 | 2,341,174 | |
| 22. Other changes to in force (Net) | (125) | (29,469,816) | | (22) | 82,110,567 | | | (147) | 52,640,751 | |
| 23. In force December 31 of current year | 2,035 | 277,488,286 | (a) | 4 | 93,429,745 | | | 2,039 | 370,918,031 | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 2,467,781 | 2,467,677 | | 2,266,096 | 2,417,227 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 2,424 | 2,424 | | 462 | 462 |
| 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) | 2,424 | 2,424 | | 462 | 462 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,470,205 | 2,470,101 | | 2,266,558 | 2,417,689 |

(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 21 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 19,592,499 | | | 689,733,027 | | 709,325,526 |
| 2. Annuity considerations | 247,138,536 | | | 161,871,302 | | 409,009,838 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 266,731,035 | | | 851,604,329 | | 1,118,335,364 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 572,059 | | | | | 572,059 |
| 6.2 Applied to pay renewal premiums | 680,918 | | | | | 680,918 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 843,559 | | | | | 843,559 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 2,096,537 | | | | | 2,096,537 |
| Annuites: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 2,096,537 | | | | | 2,096,537 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 27,459,101 | | | 5,012,658 | | 32,471,759 |
| 10. Matured endowments | 4,149 | | | | | 4,149 |
| 11. Annuity benefits | 49,049,426 | | | 26,181,067 | | 75,230,492 |
| 12. Surrender values and withdrawals for life contracts | 215,218,285 | | | 169,430,614 | | 384,648,899 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 103,915 | | | | | 103,915 |
| 15. Totals | 291,834,875 | | | 200,624,339 | | 492,459,214 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 50 | 1,807,926 | | | 1 | 5,327 | | | 51 | 1,813,253 |
| 17. Incurred during current year | 267 | 27,432,893 | | | 10 | 5,034,307 | | | 277 | 32,467,200 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 309 | 26,470,191 | | | 11 | 5,034,491 | | | 320 | 31,504,682 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 309 | 26,470,191 | | | 11 | 5,034,491 | | | 320 | 31,504,682 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 309 | 26,470,191 | | | 11 | 5,034,491 | | | 320 | 31,504,682 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 8 | 2,770,628 | | | | 5,143 | | | 8 | 2,775,771 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 14,651 | 3,078,562,785 | (a) | | 416 | 485,381,909 | | | 15,067 | 3,563,944,694 |
| 21. Issued during year | 21 | 24,551,564 | | | 1,734 | 2,020,540,607 | | | 1,755 | 2,045,092,171 |
| 22. Other changes to in force (Net) | (704) | (175,318,261) | | | (568) | (146,871,041) | | | (1,272) | (322,189,302) |
| 23. In force December 31 of current year | 13,968 | 2,927,796,088 | (a) | 1,582 | 2,359,051,475 | | | | 15,550 | 5,286,847,563 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 16,084,177 | 16,939,017 | | | 9,218,361 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 7,982,074 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 13,546 | 13,546 | | 4,516 | 4,516 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | 127 | 127 | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 13,673 | 13,673 | | 4,516 | 4,516 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 16,097,849 | 16,952,689 | | 9,222,877 | 7,986,590 |

(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 1,127 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 371,761 | | | 5,380 | | 377,140 |
| 2. Annuity considerations | 13,183,960 | | | 14,727,106 | | 27,911,066 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 13,555,720 | | | 14,732,486 | | 28,288,206 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 16,529 | | | | | 16,529 |
| 6.2 Applied to pay renewal premiums | 15,786 | | | | | 15,786 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 31,807 | | | | | 31,807 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 64,122 | | | | | 64,122 |
| Annuites: | | | | | | |
| 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) | 64,122 | | | | | 64,122 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 151,867 | | | 2,438 | | 154,305 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 6,041,297 | | | 1,300,762 | | 7,342,059 |
| 12. Surrender values and withdrawals for life contracts | 21,159,730 | | | 14,293,784 | | 35,453,513 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 1 | | | | | 1 |
| 15. Totals | 27,352,894 | | | 15,596,984 | | 42,949,878 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 3 | 41,399 | | | | | | | 3 | 41,399 |
| 17. Incurred during current year | 16 | 151,867 | | | 1 | 3,132 | | | 17 | 154,999 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 19 | 193,265 | | | 1 | 3,132 | | | 20 | 196,397 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 19 | 193,265 | | | 1 | 3,132 | | | 20 | 196,397 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 19 | 193,265 | | | 1 | 3,132 | | | 20 | 196,397 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 661 | 73,562,429 | (a) | | 4,165,165 | | | | 661 | 77,727,594 |
| 21. Issued during year | | | | | 5,908,082 | | | | 210 | 5,908,082 |
| 22. Other changes to in force (Net) | (44) | (8,195,128) | | | (207) | 195,080,428 | | | (251) | 186,885,300 |
| 23. In force December 31 of current year | 617 | 65,367,301 | (a) | 3 | 205,153,675 | | | | 620 | 270,520,976 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 2,506,719 | 2,533,696 | | 973,652 | 533,572 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 2,506,719 | 2,533,696 | | 973,652 | 533,572 |
| 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 342 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 202,894,352 | | | 199,402,540 | | 402,296,892 |
| 2. Annuity considerations | 815,560,696 | | | 372,100,121 | | 1,187,660,817 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 1,018,455,048 | | | 571,502,661 | | 1,589,957,709 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 719,051 | | | 17 | | .719,067 |
| 6.2 Applied to pay renewal premiums | 935,277 | | | | | .935,277 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 1,781,850 | | | | | 1,781,850 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 3,436,178 | | | 17 | | 3,436,195 |
| Annuites: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 3,436,178 | | | 17 | | 3,436,195 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 58,774,083 | | | 13,474,915 | | 72,248,998 |
| 10. Matured endowments | 123,068 | | | | | 123,068 |
| 11. Annuity benefits | 146,623,310 | | | 49,993,904 | | 196,617,214 |
| 12. Surrender values and withdrawals for life contracts | 734,719,614 | | | 247,663,131 | | 982,382,745 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 460,930 | | | 24,379 | | 485,308 |
| 15. Totals | 940,701,004 | | | 311,156,329 | | 1,251,857,333 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 119 | 14,677,494 | | | (7) | 1,869 | | | 112 | 14,679,363 |
| 17. Incurred during current year | 810 | 57,452,426 | | | 27 | 13,474,640 | | | 837 | .70,927,065 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 840 | 62,852,116 | | | 28 | 13,087,510 | | | 868 | .75,939,626 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 840 | 62,852,116 | | | 28 | 13,087,510 | | | 868 | .75,939,626 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 840 | 62,852,116 | | | 28 | 13,087,510 | | | 868 | .75,939,626 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 89 | 9,277,804 | | | (8) | 388,999 | | | 81 | 9,666,803 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 71,000 | 19,510,054,294 | (a) | | 1,187 | 829,958,313 | | | 72,187 | 20,340,012,607 |
| 21. Issued during year | 2,550 | 1,267,962,349 | | | 886 | 48,127,007 | | | 3,436 | 1,316,089,356 |
| 22. Other changes to in force (Net) | (4,654) | (1,397,730,183) | | | (920) | (258,245,388) | | | (5,574) | (1,655,975,571) |
| 23. In force December 31 of current year | 68,896 | 19,380,286,460 | (a) | 1,153 | 619,839,932 | | | | 70,049 | 20,000,126,392 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 10,698,628 | 10,824,845 | | | 11,531,618 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 361,542 | 361,542 | | 2,748,579 | 2,748,579 |
| 25.2 Guaranteed renewable (b) | 41,697 | 41,697 | | 16,163 | 16,163 |
| 25.3 Non-renewable for stated reasons only (b) | (892) | (892) | | (16,895) | (16,895) |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 402,346 | 402,346 | | 2,747,847 | 2,764,742 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 11,100,974 | 11,227,191 | | 15,693,926 | 14,296,360 |

(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 727 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0140

DURING THE YEAR 2022

NAIC Company Code 66869

LIFE INSURANCE

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|----------------|---|----------------|-----------------|----------------|
| 1. Life insurance | | .. 26,216,428 | | .. 100,319,582 | | .. 126,536,010 |
| 2. Annuity considerations | | .. 182,637,519 | | .. 47,969,370 | | .. 230,606,889 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 208,853,947 | | 148,288,952 | | 357,142,899 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | .. 387,586 | | | | .. 387,586 |
| 6.2 Applied to pay renewal premiums | | .. 331,791 | | | | .. 331,791 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | .. 769,498 | | 20 | | .. 769,518 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | .. 1,488,875 | | 20 | | .. 1,488,895 |
| 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) | | | | 20 | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | 1,488,875 | | 20 | | 1,488,895 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | .. 25,470,519 | | .. 5,740,970 | | .. 31,211,489 |
| 10. Matured endowments | | .. 20,432 | | | | .. 20,432 |
| 11. Annuity benefits | | .. 36,390,054 | | .. 9,845,470 | | .. 46,235,525 |
| 12. Surrender values and withdrawals for life contracts | | .. 166,881,526 | | .. 79,921,302 | | .. 246,802,827 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | .. 345,222 | | | | .. 345,222 |
| 15. Totals | | 229,107,753 | | 95,507,742 | | 324,615,495 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 64 | .. 2,714,547 | | | 11 | .. 3,903 | | | 75 | .. 2,718,450 |
| 17. Incurred during current year | 684 | .. 25,468,120 | | | 5 | .. 5,682,141 | | | 689 | .. 31,150,261 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 686 | .. 25,721,050 | | | 5 | .. 5,682,141 | | | 691 | .. 31,403,192 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 686 | .. 25,721,050 | | | 5 | .. 5,682,141 | | | 691 | .. 31,403,192 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 686 | .. 25,721,050 | | | 5 | .. 5,682,141 | | | 691 | .. 31,403,192 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 62 | 2,461,616 | | | 11 | 3,903 | | | 73 | 2,465,519 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 33,618 | .. 4,019,229,997 | (a) | | 3,559 | .. 2,562,930,142 | | | 37,177 | .. 6,582,160,139 |
| 21. Issued during year | 3 | .. 1,085,571 | | | 1,517 | .. 150,697,120 | | | 1,520 | .. 151,782,691 |
| 22. Other changes to in force (Net) | (2,041) | .. (362,302,811) | | | (1,475) | .. (360,804,484) | | | (3,516) | .. (723,107,295) |
| 23. In force December 31 of current year | 31,580 | 3,658,012,757 | (a) | | 3,601 | 2,352,822,778 | | | 35,181 | 6,010,835,535 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 | | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|---|---|-----------------------------|
| | | | | 4 | 5 | |
| 24. Group Policies (b) | 12,762,125 | .. 12,698,920 | | | | .. 8,228,104 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | | .. 6,654,075 |
| 24.2 Credit (Group and Individual) | | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | (134) | .. (134) | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | | |
| Other Individual Policies: | | | | | | |
| 25.1 Non-cancellable (b) | 2,118 | .. 2,118 | | | | |
| 25.2 Guaranteed renewable (b) | 215,319 | .. 215,319 | | | | .. 100,393 |
| 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) | 217,437 | .. 217,437 | | | | .. 100,393 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 12,979,429 | .. 12,916,224 | | | | .. 8,328,497 |
| (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, 3,427 . | | | | | | .. 6,754,468 |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 19,987,260 | | | 1,849,282 | | 21,836,543 |
| 2. Annuity considerations | 8,648,262 | | | 16,407,302 | | 25,055,563 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 28,635,522 | | | 18,256,584 | | 46,892,106 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 859 | | | | | 859 |
| 6.2 Applied to pay renewal premiums | 5,833 | | | | | 5,833 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 4,018 | | | | | 4,018 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 10,710 | | | | | 10,710 |
| Annuites: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 10,710 | | | | | 10,710 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 1,224,820 | | | 139 | | 1,224,959 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 2,228,481 | | | 2,353,391 | | 4,581,872 |
| 12. Surrender values and withdrawals for life contracts | 12,021,130 | | | 14,715,523 | | 26,736,652 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | | | | | |
| 15. Totals | 15,474,431 | | | 17,069,053 | | 32,543,484 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 4 | 1,254,727 | | | 1 | | | | 5 | 1,254,727 |
| 17. Incurred during current year | 2 | 1,224,820 | | | | | | | 2 | 1,224,820 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 3 | 1,102,692 | | | | | | | 3 | 1,102,692 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 3 | 1,102,692 | | | | | | | 3 | 1,102,692 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 3 | 1,102,692 | | | | | | | 3 | 1,102,692 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 3 | 1,376,855 | | | 1 | | | | 4 | 1,376,855 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,810 | 1,086,137,489 | (a) | | 20 | 21,986,347 | | | 1,830 | 1,108,123,836 |
| 21. Issued during year | | | | | 37 | 956,000 | | | 37 | 956,000 |
| 22. Other changes to in force (Net) | (34) | (21,577,462) | | | (35) | 10,344,610 | | | (69) | (11,232,853) |
| 23. In force December 31 of current year | 1,776 | 1,064,560,027 | (a) | | 22 | 33,286,957 | | | 1,798 | 1,097,846,983 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 829,452 | 832,093 | | 284,610 | 96,324 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 829,452 | 832,093 | | 284,610 | 96,324 |
| 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 43 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 20,216,949 | | 46,630,376 | | 66,847,325 |
| 2. Annuity considerations | | 252,854,841 | | 179,540,997 | | 432,395,838 |
| 3. Deposit-type contract funds | | 10,272,116,331 | XXX | | XXX | 10,272,116,331 |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 10,545,188,121 | | 226,171,374 | | 10,771,359,494 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 408,195 | | | | 408,195 |
| 6.2 Applied to pay renewal premiums | | 266,561 | | | | 266,561 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 844,134 | | | | 844,134 |
| 6.4 Other | | 25,108,002 | | 300 | | 25,108,302 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 26,626,892 | | 300 | | 26,627,192 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | (3,371) | | | | (3,371) |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | (3,371) | | | | (3,371) |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | 26,623,521 | | 300 | | 26,623,821 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 57,104,267 | | 21,591,740 | | 78,696,007 |
| 10. Matured endowments | | 53,977 | | | | 53,977 |
| 11. Annuity benefits | | 70,690,364 | | 137,369,843 | | 208,060,207 |
| 12. Surrender values and withdrawals for life contracts | | 336,135,227 | | 151,755,405 | | 487,890,632 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 261,449 | | | | 261,449 |
| 15. Totals | | 464,245,283 | | 310,716,988 | | 774,962,271 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 189 | 15,403,975 | | | (1) | 154,550 | | | 188 | 15,558,525 |
| 17. Incurred during current year | 1,311 | 57,341,162 | | | | 5,511,567 | | | 1,311 | 62,852,729 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1,369 | 59,054,441 | | | | 5,618,099 | | | 1,369 | 64,672,540 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 1,369 | 59,054,441 | | | | 5,618,099 | | | 1,369 | 64,672,540 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 1,369 | 59,054,441 | | | | 5,618,099 | | | 1,369 | 64,672,540 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 131 | 13,690,696 | | | (1) | 48,018 | | | 130 | 13,738,714 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 56,038 | 7,017,438,307 | (a) | 1,265 | 6,040,293,647 | | | | 57,303 | 13,057,731,954 |
| 21. Issued during year | 13 | 2,755,113 | | 4,150 | 251,165,266 | | | | 4,163 | 253,920,379 |
| 22. Other changes to in force (Net) | (3,417) | (616,171,125) | | (2,431) | 933,189,424 | | | | (5,848) | 317,018,299 |
| 23. In force December 31 of current year | 52,634 | 6,404,022,295 | (a) | 2,984 | 7,224,648,337 | | | | 55,618 | 13,628,670,632 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | | | | | |
| 24. Group Policies (b) | 32,655,713 | 33,145,229 | 35,109 | 22,960,337 | 20,567,338 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | (13) | | | 12 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | 176 | | | (84,530) |
| 25.2 Guaranteed renewable (b) | 399,920 | 486,877 | | 387,451 | 330,673 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | (241) | (241) | | | (194) |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 399,679 | 486,812 | | 387,451 | 245,949 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 33,055,393 | 33,632,029 | 35,109 | 23,347,787 | 20,813,298 |

(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 3,346 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 1,048,075 | | | 366,056 | | 1,414,131 |
| 2. Annuity considerations | 47,781,253 | | | 60,848,599 | | 108,629,852 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 48,829,328 | | | 61,214,655 | | 110,043,983 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 17,951 | | | | | 17,951 |
| 6.2 Applied to pay renewal premiums | 19,978 | | | | | 19,978 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 43,312 | | | | | 43,312 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 81,241 | | | | | 81,241 |
| Annuites: | | | | | | |
| 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) | 81,241 | | | | | 81,241 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 1,085,262 | | | 92,018 | | 1,177,280 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 8,477,547 | | | 9,899,568 | | 18,377,116 |
| 12. Surrender values and withdrawals for life contracts | 52,751,188 | | | 55,359,942 | | 108,111,130 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 387 | | | | | 387 |
| 15. Totals | 62,314,383 | | | 65,351,529 | | 127,665,912 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 3 | 223,859 | | | 3 | 32,021 | | | 6 | 255,880 |
| 17. Incurred during current year | 13 | 1,085,262 | | | 3 | 88,855 | | | 16 | 1,174,116 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 15 | 1,269,120 | | | 5 | 120,876 | | | 20 | 1,389,996 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 15 | 1,269,120 | | | 5 | 120,876 | | | 20 | 1,389,996 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 15 | 1,269,120 | | | 5 | 120,876 | | | 20 | 1,389,996 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 1 | 40,000 | | | 1 | | | | 2 | 40,000 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 858 | 116,678,348 | (a) | | 26 | 19,934,556 | | | 884 | 136,612,904 |
| 21. Issued during year | | | | | 758 | 25,196,253 | | | 758 | 25,196,253 |
| 22. Other changes to in force (Net) | (42) | (11,337,834) | | | (729) | (14,289,820) | | | (771) | (25,627,654) |
| 23. In force December 31 of current year | 816 | 105,340,514 | (a) | | 55 | 30,840,989 | | | 871 | 136,181,503 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 3,326,972 | 3,313,253 | | 833,578 | .737,716 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 2,686 | 2,686 | | 2,848 | 2,848 |
| 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) | 2,686 | 2,686 | | 2,848 | 2,848 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,329,658 | 3,315,939 | | 836,425 | 740,563 |

(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 1,156 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 6,611,346 | | | 2,154,132 | | 8,765,478 |
| 2. Annuity considerations | 53,687,467 | | | 45,763,576 | | 99,451,043 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 60,298,813 | | | 47,917,708 | | 108,216,521 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 44,712 | | | | | 44,712 |
| 6.2 Applied to pay renewal premiums | 63,324 | | | | | 63,324 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 66,690 | | | | | 66,690 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 174,726 | | | | | 174,726 |
| Annuites: | | | | | | |
| 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) | 174,726 | | | | | 174,726 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 935,482 | | | 26,582 | | 962,065 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 16,359,004 | | | 4,972,057 | | 21,331,062 |
| 12. Surrender values and withdrawals for life contracts | 65,123,235 | | | 38,062,574 | | 103,185,809 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 47,283 | | | | | 47,283 |
| 15. Totals | 82,465,004 | | | 43,061,214 | | 125,526,218 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 10 | 269,786 | | | | | | | 10 | 269,786 |
| 17. Incurred during current year | 39 | 935,482 | | | | 24,243 | | | .39 | 959,725 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 47 | 937,552 | | | | 24,243 | | | .47 | 961,795 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 47 | 937,552 | | | | 24,243 | | | .47 | 961,795 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 47 | 937,552 | | | | 24,243 | | | .47 | 961,795 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 2 | 267,716 | | | | | | | 2 | 267,716 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,660 | 378,036,793 | (a) | .41 | 65,352,369 | | | | 1,701 | 443,389,162 |
| 21. Issued during year | 12 | 13,369,198 | | 523 | 31,189,514 | | | | 535 | 44,558,712 |
| 22. Other changes to in force (Net) | (135) | (56,108,038) | | (489) | (9,791,852) | | | | (624) | (65,899,890) |
| 23. In force December 31 of current year | 1,537 | 335,297,953 | (a) | 75 | 86,750,031 | | | | 1,612 | 422,047,984 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 918,691 | 930,445 | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 2,935 | 2,935 | | 1,519 | 1,519 |
| 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) | 2,935 | 2,935 | | 1,519 | 1,519 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 921,625 | 933,379 | | 911,595 | 899,533 |

(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 328 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 57,089,008 | | 128,772,779 | | 185,861,787 |
| 2. Annuity considerations | | 273,505,736 | | 232,353,482 | | 505,859,218 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 330,594,744 | | 361,126,262 | | 691,721,005 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 1,240,834 | | | | 1,240,834 |
| 6.2 Applied to pay renewal premiums | | 1,008,058 | | | | 1,008,058 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 1,798,132 | | | | 1,798,132 |
| 6.4 Other | | (25,935,523) | | (400) | | (25,935,523) |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | (21,888,499) | | (400) | | (21,888,499) |
| 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) | | (21,888,499) | | (400) | | (21,888,499) |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 60,119,184 | | 3,169,150 | | 63,288,335 |
| 10. Matured endowments | | 50,544 | | | | 50,544 |
| 11. Annuity benefits | | 80,731,054 | | 24,768,189 | | 105,499,243 |
| 12. Surrender values and withdrawals for life contracts | | 377,446,287 | | 203,573,397 | | 581,019,684 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 524,492 | | | | 524,492 |
| 15. Totals | | 518,871,562 | | 231,510,736 | | 750,382,299 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 204 | 7,173,716 | | | 1 | 20,778 | | | 205 | 7,194,494 |
| 17. Incurred during current year | 1,577 | 62,777,193 | | | .29 | 3,183,729 | | | 1,606 | 65,960,922 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1,662 | 58,135,721 | | | .30 | 3,027,384 | | | 1,692 | 61,163,105 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 1,662 | 58,135,721 | | | .30 | 3,027,384 | | | 1,692 | 61,163,105 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 1,662 | 58,135,721 | | | .30 | 3,027,384 | | | 1,692 | 61,163,105 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 119 | 11,815,188 | | | | 177,123 | | | 119 | 11,992,311 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 70,381 | 6,045,358,112 | (a) | | 742 | 859,450,889 | | | 71,123 | 6,904,809,001 |
| 21. Issued during year | .56 | 76,518,451 | | | 893 | 114,803,308 | | | 949 | 191,321,759 |
| 22. Other changes to in force (Net) | (4,127) | (435,284,464) | | | (822) | (38,522,888) | | | (4,949) | (473,807,353) |
| 23. In force December 31 of current year | 66,310 | 5,686,592,099 | (a) | | 813 | 935,731,309 | | | 67,123 | 6,622,323,408 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 18,656,416 | 18,921,788 | | 12,488,587 | 8,676,773 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | (579,128) |
| 25.2 Guaranteed renewable (b) | 233,479 | 233,479 | | 204,190 | 204,190 |
| 25.3 Non-renewable for stated reasons only (b) | 1,169 | 1,169 | | 361 | 361 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | .56 | .56 | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 234,704 | 234,704 | | 204,552 | (374,577) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 18,891,120 | 19,156,492 | | 12,693,139 | 8,302,196 |

(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 2,483 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 2,103,307 | | | 3,880,979 | | 5,984,286 |
| 2. Annuity considerations | 42,609,444 | | | 15,183,824 | | 57,793,268 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 44,712,751 | | | 19,064,803 | | 63,777,554 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 115,939 | | | | | 115,939 |
| 6.2 Applied to pay renewal premiums | 90,767 | | | | | 90,767 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 112,880 | | | | | 112,880 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 319,587 | | | | | 319,587 |
| Annuites: | | | | | | |
| 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) | 319,587 | | | | | 319,587 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 1,099,285 | | | (423) | | 1,098,861 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 8,591,513 | | | 1,035,051 | | 9,626,564 |
| 12. Surrender values and withdrawals for life contracts | 28,597,851 | | | 10,892,092 | | 39,489,943 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 49,065 | | | | | 49,065 |
| 15. Totals | 38,337,714 | | | 11,926,720 | | 50,264,434 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | .21 | 881,175 | | | 2 | 2,563 | | | .23 | 883,738 |
| 17. Incurred during current year | .54 | 1,099,285 | | | | 2,618 | | | .54 | 1,101,903 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .74 | 1,939,112 | | | 2 | 5,181 | | | .76 | 1,944,293 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | .74 | 1,939,112 | | | 2 | 5,181 | | | .76 | 1,944,293 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | .74 | 1,939,112 | | | 2 | 5,181 | | | .76 | 1,944,293 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 1 | 41,347 | | | | | | | 1 | 41,347 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 3,901 | 384,297,151 | (a) | | 5 | 9,170,559 | | | 3,906 | 393,467,710 |
| 21. Issued during year | 1 | 250,000 | | | .36 | 1,579,573 | | | .37 | 1,829,573 |
| 22. Other changes to in force (Net) | (256) | (42,627,568) | | | (36) | (873,108) | | | (292) | (43,500,676) |
| 23. In force December 31 of current year | 3,646 | 341,919,583 | (a) | | 5 | 9,877,024 | | | 3,651 | 351,796,607 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 890,179 | 904,305 | | 507,584 | .271,323 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 890,179 | 904,305 | | 507,584 | .271,323 |
| 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 57 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 8,057,643 | | | 10,358,349 | | 18,415,992 |
| 2. Annuity considerations | 78,810,437 | | | 16,777,818 | | 95,588,255 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 86,868,080 | | | 27,136,167 | | 114,004,247 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 134,594 | | | | | 134,594 |
| 6.2 Applied to pay renewal premiums | 104,441 | | | | | 104,441 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 229,666 | | | | | 229,666 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 468,701 | | | | | 468,701 |
| Annuites: | | | | | | |
| 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) | 468,701 | | | | | 468,701 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 7,230,500 | | | 84,888 | | 7,315,388 |
| 10. Matured endowments | 2,982 | | | | | 2,982 |
| 11. Annuity benefits | 18,472,610 | | | 2,362,635 | | 20,835,245 |
| 12. Surrender values and withdrawals for life contracts | 92,019,646 | | | 21,527,498 | | 113,547,144 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 110,111 | | | | | 110,111 |
| 15. Totals | 117,835,848 | | | 23,975,021 | | 141,810,870 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 22 | 669,938 | | | | | | | 22 | 669,938 |
| 17. Incurred during current year | 251 | 7,224,834 | | | 3 | 85,484 | | | 254 | 7,310,318 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 253 | 7,529,558 | | | 3 | 85,484 | | | 256 | 7,615,043 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 253 | 7,529,558 | | | 3 | 85,484 | | | 256 | 7,615,043 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 253 | 7,529,558 | | | 3 | 85,484 | | | 256 | 7,615,043 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 20 | 365,213 | | | | | | | 20 | 365,213 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 9,247 | 837,459,484 | (a) | | 32 | 59,943,626 | | | 9,279 | 897,403,110 |
| 21. Issued during year | 1 | 653,738 | | | 724 | 21,125,419 | | | 725 | 21,779,157 |
| 22. Other changes to in force (Net) | (527) | (70,807,279) | | | (718) | (4,788,044) | | | (1,245) | (75,595,323) |
| 23. In force December 31 of current year | 8,721 | 767,305,943 | (a) | | 38 | 76,281,001 | | | 8,759 | 843,586,944 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 9,979,154 | 10,191,037 | | | 9,015,348 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 8,631,678 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 62,427 | 62,427 | | | 19,895 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 19,895 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 62,427 | 62,427 | | | 19,895 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,041,580 | 10,253,463 | | | 9,035,243 |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products | | | 0 | | |
| insured under indemnity only products | 1,346 | | | | |

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 334,966 | | 7,775 | | 342,741 |
| 2. Annuity considerations | | 16,314,940 | | 1,531,173 | | 17,846,113 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 16,649,906 | | 1,538,948 | | 18,188,854 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 3,129 | | | | 3,129 |
| 6.2 Applied to pay renewal premiums | | 3,652 | | | | 3,652 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 9,098 | | | | 9,098 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 15,879 | | | | 15,879 |
| Annuites: | | | | | | |
| 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) | | 15,879 | | | | 15,879 |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | 15,879 | | | | 15,879 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 338,500 | | 485 | | 338,986 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 1,179,559 | | 884,545 | | 2,064,104 |
| 12. Surrender values and withdrawals for life contracts | | 6,286,124 | | 1,591,107 | | 7,877,231 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 2 | | | | 2 |
| 15. Totals | | 7,804,185 | | 2,476,137 | | 10,280,322 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | 3 | 338,500 | | | | | | | 3 | 338,500 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 3 | 338,500 | | | | | | | 3 | 338,500 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 3 | 338,500 | | | | | | | 3 | 338,500 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 3 | 338,500 | | | | | | | 3 | 338,500 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 439 | 97,504,089 | (a) | 3 | 6,175,167 | | | 442 | 103,679,256 | |
| 21. Issued during year | 1 | 484,907 | | 127 | 4,799,608 | | | 128 | 5,284,515 | |
| 22. Other changes to in force (Net) | (48) | (11,227,135) | | (126) | (2,434,478) | | | (174) | (13,661,613) | |
| 23. In force December 31 of current year | 392 | 86,761,861 | (a) | 4 | 8,540,297 | | | 396 | 95,302,158 | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 571,573 | 561,999 | | 718,560 | 642,551 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 571,573 | 561,999 | | 718,560 | 642,551 |
| 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 122 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 8,259,163 | | | 14,579,768 | | 22,838,931 |
| 2. Annuity considerations | 120,492,437 | | | 34,006,477 | | 154,498,913 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 128,751,600 | | | 48,586,245 | | 177,337,845 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 122,919 | | | | | 122,919 |
| 6.2 Applied to pay renewal premiums | 150,045 | | | | | 150,045 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 266,327 | | | | | 266,327 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 539,292 | | | | | 539,292 |
| Annuites: | | | | | | |
| 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) | 539,292 | | | | | 539,292 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 7,544,293 | | | 1,443,993 | | 8,988,287 |
| 10. Matured endowments | 2,000 | | | | | 2,000 |
| 11. Annuity benefits | 23,230,763 | | | 9,091,838 | | 32,322,600 |
| 12. Surrender values and withdrawals for life contracts | 80,408,355 | | | 53,786,312 | | 134,194,668 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 101,988 | | | | | 101,988 |
| 15. Totals | 111,287,399 | | | 64,322,144 | | 175,609,543 |
| 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 | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|------------------------------------|--------------|---|-------------|-------------------------|--------------|------------------------------------|-------------|------------------------------------|---------------|
| | 1 No. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 18 | 373,525 | | | | 55,222 | | | 18 | 428,747 |
| 17. Incurred during current year | 160 | 7,472,293 | | | 4 | 1,397,073 | | | 164 | 8,869,366 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 168 | 7,608,460 | | | 4 | 1,449,446 | | | 172 | 9,057,906 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 168 | 7,608,460 | | | 4 | 1,449,446 | | | 172 | 9,057,906 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 168 | 7,608,460 | | | 4 | 1,449,446 | | | 172 | 9,057,906 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 10 | 237,358 | | | | 2,849 | | | 10 | 240,207 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 7,099 | 790,415,617 | (a) | | 305 | 284,401,760 | | | 7,404 | 1,074,817,377 |
| 21. Issued during year | 2 | 1,171,550 | | | 1,415 | 55,376,795 | | | 1,417 | 56,548,345 |
| 22. Other changes to in force (Net) | (406) | (68,592,358) | | | (1,380) | (27,028,629) | | | (1,786) | (95,620,987) |
| 23. In force December 31 of current year | 6,695 | 722,994,809 | (a) | | 340 | 312,749,926 | | | 7,035 | 1,035,744,735 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|---|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 8,723,793 | 8,795,800 | | | 6,056,865 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 5,457,130 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 16,772 | 16,772 | | | 26,205 |
| 25.3 Non-renewable for stated reasons only (b) | 123 | 123 | | | 26,205 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 16,895 | 16,895 | | | 26,205 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 8,740,688 | 8,812,695 | | | 6,083,070 |
| (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 |
| | | | 1,787 | | |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0140

DURING THE YEAR 2022

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 | .. 25,652,423 | | | .. 77,582,272 | | .. 103,234,695 |
| 2. Annuity considerations | 408,254,686 | | | .. 287,586,240 | | .. 695,840,927 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 433,907,110 | | | 365,168,513 | | 799,075,622 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | .. 376,121 | | | | | .. 376,121 |
| 6.2 Applied to pay renewal premiums | .. 366,802 | | | | | .. 366,802 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | .. 702,358 | | | | | .. 702,358 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .. 1,445,282 | | | | | .. 1,445,282 |
| Annuites: | | | | | | |
| 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) | | | | | | .. 1,445,282 |
| 8. Grand Totals (Lines 6.5 plus 7.4) | .. 1,445,282 | | | | | .. 1,445,282 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | .. 22,851,832 | | | .. 5,394,452 | | .. 28,246,284 |
| 10. Matured endowments | .. 1,000 | | | | | .. 1,000 |
| 11. Annuity benefits | .. 70,294,013 | | | .. 24,108,596 | | .. 94,402,609 |
| 12. Surrender values and withdrawals for life contracts | .. 321,532,730 | | | .. 303,435,342 | | .. 624,968,072 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | .. 67,395 | | | | | .. 67,395 |
| 15. Totals | 414,746,969 | | | 332,938,391 | | 747,685,360 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | .. 37 | .. 2,810,749 | | | .. 1 | .. 1,084,965 | | | .. .38 | .. 3,895,714 |
| 17. Incurred during current year | .. 173 | .. 22,771,033 | | | .. 2 | .. 4,738,228 | | | .. 175 | .. 27,509,260 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .. 204 | .. 24,973,155 | | | .. 2 | .. 5,823,193 | | | .. 206 | .. 30,796,348 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | .. 204 | .. 24,973,155 | | | .. 2 | .. 5,823,193 | | | .. 206 | .. 30,796,348 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | .. 204 | .. 24,973,155 | | | .. 2 | .. 5,823,193 | | | .. 206 | .. 30,796,348 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | .. 6 | .. 608,627 | | | .. 1 | | | | .. 7 | .. 608,627 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | .. 14,075 | .. 3,405,075,791 | (a) | | .. 1,722 | .. 4,339,031,745 | | | .. 15,797 | .. 7,744,107,536 |
| 21. Issued during year | .. 41 | .. 37,924,679 | | | .. 9,644 | .. 529,752,206 | | | .. 9,685 | .. 567,676,885 |
| 22. Other changes to in force (Net) | (856) | (296,690,802) | | | (9,255) | (207,916,414) | | | (10,111) | (504,607,216) |
| 23. In force December 31 of current year | .. 13,260 | .. 3,146,309,668 | (a) | .. 2,111 | .. 4,660,867,537 | | | | .. 15,371 | .. 7,807,177,205 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$,

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | .. 52,668,307 | .. 59,126,848 | | .. 39,126,103 | .. 38,930,729 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | (308) | (308) | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | .. 12,089 | .. 12,089 | | .. 2,896 | .. 2,896 |
| 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) | .. 12,089 | .. 12,089 | | .. 2,896 | .. 2,896 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | .. 52,680,088 | .. 59,138,630 | | .. 39,128,999 | .. 38,933,625 |

(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, 14,018 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 1,746,914 | | | 4,260,061 | | 6,006,975 |
| 2. Annuity considerations | 40,627,259 | | | 8,829,178 | | 49,456,437 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 42,374,173 | | | 13,089,239 | | 55,463,412 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 12,782 | | | | | 12,782 |
| 6.2 Applied to pay renewal premiums | 22,514 | | | | | 22,514 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 11,923 | | | | | 11,923 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 47,219 | | | | | 47,219 |
| Annuites: | | | | | | |
| 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) | 47,219 | | | | | 47,219 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 409,641 | | | 3,895 | | .413,536 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 7,086,975 | | | 411,285 | | 7,498,260 |
| 12. Surrender values and withdrawals for life contracts | 360,386,183 | | | 7,489,889 | | 367,876,072 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 1,314 | | | | | 1,314 |
| 15. Totals | 367,884,112 | | | 7,905,070 | | 375,789,182 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 3 | 15,967 | | | | | | | 3 | 15,967 |
| 17. Incurred during current year | 16 | 409,641 | | | | 288 | | | 16 | 409,929 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 19 | 425,608 | | | | 288 | | | 19 | 425,896 |
| 18.2 By payment on compromised claims | | | | | | 288 | | | | |
| 18.3 Totals paid | 19 | 425,608 | | | 288 | | | 19 | 425,896 | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 19 | 425,608 | | | 288 | | | 19 | 425,896 | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 637 | 173,470,861 | (a) | .25 | 31,414,699 | | | | 662 | 204,885,560 |
| 21. Issued during year | | | | 471 | 43,772,527 | | | | 471 | 43,772,527 |
| 22. Other changes to in force (Net) | (36) | (11,390,678) | | (425) | (13,373,612) | | | | (461) | (24,764,290) |
| 23. In force December 31 of current year | 601 | 162,080,183 | (a) | 71 | 61,813,614 | | | | 672 | 223,893,797 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 5,380,188 | 5,391,758 | | | 1,947,282 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 2,390,681 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 5,380,188 | 5,391,758 | | 1,947,282 | 2,390,681 |
| 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 558 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0140

DURING THE YEAR 2022

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 | .911,794 | | | 286,641 | | 1,198,435 |
| 2. Annuity considerations | 13,345,525 | | XXX | 14,097,247 | | 27,442,773 |
| 3. Deposit-type contract funds | | | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 14,257,319 | | | 14,383,888 | | 28,641,208 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 43,904 | | | | | 43,904 |
| 6.2 Applied to pay renewal premiums | 48,739 | | | | | 48,739 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 117,320 | | | | | 117,320 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 209,964 | | | | | 209,964 |
| Annuites: | | | | | | |
| 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) | 209,964 | | | | | 209,964 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 1,412,690 | | | 15,199 | | 1,427,889 |
| 10. Matured endowments | 27,064 | | | | | 27,064 |
| 11. Annuity benefits | 4,084,602 | | | 581,209 | | 4,665,811 |
| 12. Surrender values and withdrawals for life contracts | 14,250,900 | | | 11,141,381 | | 25,392,281 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 7,909 | | | | | 7,909 |
| 15. Totals | 19,783,166 | | | 11,737,789 | | 31,520,955 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 9 | 85,623 | | | | | | | 9 | 85,623 |
| 17. Incurred during current year | .56 | 1,412,690 | | | 2 | 15,199 | | | .58 | 1,427,889 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .63 | 1,461,486 | | | 2 | 15,199 | | | .65 | 1,476,685 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | .63 | 1,461,486 | | | 2 | 15,199 | | | .65 | 1,476,685 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | .63 | 1,461,486 | | | 2 | 15,199 | | | .65 | 1,476,685 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 2 | 36,827 | | | | | | | 2 | 36,827 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 2,452 | 138,049,932 | (a) | | 2 | 2,106,797 | | | 2,454 | 140,156,729 |
| 21. Issued during year | | | | | .26 | 1,229,700 | | | .26 | 1,229,700 |
| 22. Other changes to in force (Net) | (146) | (10,976,222) | | | (26) | 100,314,528 | | | (172) | 89,338,306 |
| 23. In force December 31 of current year | 2,306 | 127,073,710 | (a) | | 2 | 103,651,025 | | | 2,308 | 230,724,735 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 2,048,228 | 2,051,071 | | | 2,973,910 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 3,185,621 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 3,823 | 3,823 | | | |
| 25.2 Guaranteed renewable (b) | 13,679 | 13,679 | | 490 | 490 |
| 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) | 17,503 | 17,503 | | 490 | 490 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,065,731 | 2,068,574 | | 2,974,400 | 3,186,111 |

(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 3 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 16,420,701 | | 16,909,921 | | 33,330,622 |
| 2. Annuity considerations | | 118,453,025 | | 85,153,101 | | 203,606,126 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 134,873,726 | | 102,063,022 | | 236,936,748 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 314,811 | | 13 | | 314,824 |
| 6.2 Applied to pay renewal premiums | | 223,528 | | | | 223,528 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 555,998 | | | | 555,998 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 1,094,337 | | 13 | | 1,094,350 |
| Annuites: | | | | | | |
| 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) | | 1,094,337 | | 13 | | 1,094,350 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 18,098,390 | | 236,605 | | 18,334,994 |
| 10. Matured endowments | | 27,667 | | | | 27,667 |
| 11. Annuity benefits | | 27,972,920 | | 8,128,557 | | 36,101,476 |
| 12. Surrender values and withdrawals for life contracts | | 121,022,999 | | 68,888,112 | | 189,911,111 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 292,992 | | | | 292,992 |
| 15. Totals | | 167,414,967 | | 77,253,273 | | 244,668,241 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 51 | 3,977,863 | | | 2 | 5,223 | | | .53 | 3,983,086 |
| 17. Incurred during current year | 500 | 18,098,390 | | | 8 | 254,499 | | | 508 | 18,352,889 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 517 | 20,785,799 | | | 10 | 259,722 | | | 527 | 21,045,521 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 517 | 20,785,799 | | | 10 | 259,722 | | | 527 | 21,045,521 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 517 | 20,785,799 | | | 10 | 259,722 | | | 527 | 21,045,521 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 34 | 1,290,453 | | | | | | | 34 | 1,290,453 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 25,011 | 2,154,012,209 | (a) | | 34 | 149,330,700 | | | 25,045 | 2,303,342,909 |
| 21. Issued during year | 23 | 10,470,320 | | | 767 | 29,305,233 | | | 790 | 39,775,553 |
| 22. Other changes to in force (Net) | (1,391) | (164,958,938) | | | (766) | (112,718,425) | | | (2,157) | (277,677,363) |
| 23. In force December 31 of current year | 23,643 | 1,999,523,591 | (a) | | 35 | 65,917,508 | | | 23,678 | 2,065,441,099 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 9,197,779 | 8,989,086 | | 4,393,126 | 3,429,512 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | (104) | (104) | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 124,725 | 124,725 | | 97,975 | 97,975 |
| 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) | 124,725 | 124,725 | | 97,975 | 97,975 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 9,322,400 | 9,113,706 | | 4,491,101 | 3,527,487 |

(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 1,802 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 2,819,533 | | | 4,220,099 | | 7,039,631 |
| 2. Annuity considerations | 164,919,768 | | | 77,980,670 | | 242,900,439 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 167,739,301 | | | 82,200,769 | | 249,940,070 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 78,700 | | | | | 78,700 |
| 6.2 Applied to pay renewal premiums | 77,149 | | | | | 77,149 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 118,638 | | | | | 118,638 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 274,487 | | | | | 274,487 |
| Annuites: | | | | | | |
| 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) | 274,487 | | | | | 274,487 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 2,431,886 | | | 14,638 | | 2,446,524 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 31,900,839 | | | 7,932,920 | | 39,833,759 |
| 12. Surrender values and withdrawals for life contracts | 103,265,501 | | | 72,027,133 | | 175,292,634 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 321 | | | | | 321 |
| 15. Totals | 137,598,547 | | | 79,974,691 | | 217,573,238 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 7 | 532,558 | | | (1) | | | | 6 | 532,558 |
| 17. Incurred during current year | 36 | 2,431,886 | | | | 16,781 | | | .36 | 2,448,667 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 40 | 2,803,216 | | | | 13,141 | | | .40 | 2,816,357 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 40 | 2,803,216 | | | | 13,141 | | | .40 | 2,816,357 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 40 | 2,803,216 | | | | 13,141 | | | .40 | 2,816,357 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 3 | 161,228 | | | (1) | 3,640 | | | 2 | 164,868 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 2,381 | 410,777,276 | | (a) | 33 | 46,459,214 | | | 2,414 | 457,236,490 |
| 21. Issued during year | 1 | 74,400 | | | 696 | 32,447,696 | | | .697 | 32,522,096 |
| 22. Other changes to in force (Net) | (122) | (29,050,490) | | | (698) | (19,548,649) | | | (820) | (48,599,139) |
| 23. In force December 31 of current year | 2,260 | 381,801,186 | | (a) | 31 | 59,358,261 | | | 2,291 | 441,159,447 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 1,910,765 | 1,922,310 | | | 1,073,021 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 861,548 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | (58) | (58) | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 6,672 | 6,672 | | | 272 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | 272 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 6,672 | 6,672 | | | 272 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,917,379 | 1,928,925 | | | 1,073,293 |
| | | | | | 861,820 |

(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 500 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 9,449,342 | | 156,620 | | 9,605,962 |
| 2. Annuity considerations | | 39,340,054 | | 10,069,591 | | 49,409,645 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 48,789,396 | | 10,226,211 | | 59,015,607 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 63,556 | | | | 63,556 |
| 6.2 Applied to pay renewal premiums | | 24,616 | | | | 24,616 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 151,166 | | | | 151,166 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 239,337 | | | | 239,337 |
| Annuites: | | | | | | |
| 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) | | 239,337 | | | | 239,337 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 6,564,680 | | (6,204) | | 6,558,476 |
| 10. Matured endowments | | 1,000 | | | | 1,000 |
| 11. Annuity benefits | | 7,497,550 | | 2,232,355 | | 9,729,906 |
| 12. Surrender values and withdrawals for life contracts | | 34,072,119 | | 11,804,482 | | 45,876,601 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 140,102 | | | | 140,102 |
| 15. Totals | | 48,275,451 | | 14,030,634 | | 62,306,085 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 36 | 742,009 | | | 1 | | | | .37 | .742,009 |
| 17. Incurred during current year | 234 | 6,564,680 | | | | 1,145 | | | 234 | 6,565,824 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 235 | 6,974,879 | | | | 1,145 | | | 235 | 6,976,024 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 235 | 6,974,879 | | | | 1,145 | | | 235 | 6,976,024 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 235 | 6,974,879 | | | | 1,145 | | | 235 | 6,976,024 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 35 | 331,809 | | | 1 | | | | 36 | 331,809 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | .9,134 | 482,184,594 | (a) | | 1 | 19,334,950 | | | .9,135 | 501,519,544 |
| 21. Issued during year | | | | | 248 | 6,519,710 | | | 248 | 6,519,710 |
| 22. Other changes to in force (Net) | (524) | (31,446,592) | | | (245) | 22,537,508 | | | (769) | (8,909,084) |
| 23. In force December 31 of current year | 8,610 | 450,738,002 | (a) | 4 | 48,392,168 | | | | 8,614 | 499,130,170 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 17,788,096 | 17,802,323 | | | 13,272,756 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 12,373,475 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 80,854 | 80,854 | | 64,600 | 64,600 |
| 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) | 80,854 | 80,854 | | 64,600 | 64,600 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 17,868,950 | 17,883,177 | | 13,337,356 | 12,438,075 |

(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 751 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0140

DURING THE YEAR 2022

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 ..... | ..... | 6,955,651 | | 12,839,318 | | 19,794,969 |
| 2. Annuity considerations ..... | ..... | 116,782,483 | | 73,832,168 | | 190,614,651 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 123,738,134 | | 86,671,486 | | 210,409,620 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 72,109 | | | | 72,109 |
| 6.2 Applied to pay renewal premiums | | 97,155 | | | | 97,155 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 120,504 | | | | 120,504 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 289,769 | | | | 289,769 |
| Annuites: | | | | | | |
| 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) | | 289,769 | | | | 289,769 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 2,198,010 | | 76,704 | | 2,274,714 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 21,108,932 | | 17,770,003 | | 38,878,935 |
| 12. Surrender values and withdrawals for life contracts | | 102,961,609 | | 140,915,659 | | 243,877,267 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 16,263 | | | | 16,263 |
| 15. Totals | | 126,284,815 | | 158,762,365 | | 285,047,180 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 14 | 653,140 | | | | | | | 14 | 653,140 |
| 17. Incurred during current year | 48 | 1,994,093 | | | 7 | 77,116 | | | 55 | 2,071,209 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 58 | 2,408,535 | | | 7 | 75,034 | | | 65 | 2,483,569 |
| 18.2 By payment on compromised claims | | | | | 7 | 75,034 | | | 65 | 2,483,569 |
| 18.3 Totals paid | 58 | 2,408,535 | | | 7 | 75,034 | | | 65 | 2,483,569 |
| 18.4 Reduction by compromise | | | | | 7 | 75,034 | | | 65 | 2,483,569 |
| 18.5 Amount rejected | | | | | 7 | 75,034 | | | 65 | 2,483,569 |
| 18.6 Total settlements | 58 | 2,408,535 | | | 7 | 75,034 | | | 65 | 2,483,569 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 4 | 238,698 | | | | 2,082 | | | 4 | 240,780 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 3,958 | 501,983,312 | (a) | | 78 | 113,068,424 | | | 4,036 | 615,051,736 |
| 21. Issued during year | 23 | 11,501,207 | | | 422 | 19,086,800 | | | 445 | 30,588,007 |
| 22. Other changes to in force (Net) | (150) | (21,800,186) | | | (416) | (33,590,329) | | | (566) | (55,390,515) |
| 23. In force December 31 of current year | 3,831 | 491,684,333 | (a) | | 84 | 98,564,895 | | | 3,915 | 590,249,228 |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|------------------------|--|--------------------|------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 6,243,302 | 6,356,048 | | | 4,930,549 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | 3,459,697 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 6,243,302 | 6,356,048 | | 4,930,549 | 3,459,697 |
| 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 466 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 727,793 | | | 11,003 | | 738,796 |
| 2. Annuity considerations | 8,320,996 | | | 1,637,837 | | 9,958,832 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 9,048,789 | | | 1,648,840 | | 10,697,629 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 3,803 | | | | | 3,803 |
| 6.2 Applied to pay renewal premiums | 26,822 | | | | | 26,822 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 11,107 | | | | | 11,107 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 41,732 | | | | | 41,732 |
| Annuites: | | | | | | |
| 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) | 41,732 | | | | | 41,732 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 3,232,494 | | | 23,659 | | 3,256,153 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 1,028,413 | | | 230,862 | | 1,259,276 |
| 12. Surrender values and withdrawals for life contracts | 5,710,205 | | | 2,691,261 | | 8,401,465 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 2,674 | | | | | 2,674 |
| 15. Totals | 9,973,787 | | | 2,945,782 | | 12,919,569 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 1 | 1,000 | | | | | | | 1 | 1,000 |
| 17. Incurred during current year | 8 | 3,232,494 | | | | | | | 8 | 3,232,494 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 9 | 3,233,494 | | | | | | | 9 | 3,233,494 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 9 | 3,233,494 | | | | | | | 9 | 3,233,494 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 9 | 3,233,494 | | | | | | | 9 | 3,233,494 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 308 | 43,967,706 | (a) | | 7 | 5,346,250 | | | 315 | 49,313,956 |
| 21. Issued during year | | | | | 254 | 7,356,814 | | | 254 | 7,356,814 |
| 22. Other changes to in force (Net) | (29) | 2,324,446 | | | (243) | (3,170,471) | | | (272) | (846,025) |
| 23. In force December 31 of current year | 279 | 46,292,152 | (a) | | 18 | 9,532,593 | | | 297 | 55,824,745 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | | | | | |
| 24. Group Policies (b) | 4,158,576 | 4,153,218 | | 5,449,622 | 5,175,082 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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) | 4,158,576 | 4,153,218 | | 5,449,622 | 5,175,082 |
| 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 213 .



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 35,604 | | | | 35,604 |
| 2. Annuity considerations | | | | | | |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 35,604 | | | | 35,604 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 252 | | | | 252 |
| 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) | | 252 | | | | 252 |
| Annuites: | | | | | | |
| 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) | | 252 | | | | 252 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 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 | 15 | 6,451,416 | (a) | | 1 | 221,939 | | | 16 | 6,673,355 |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | 377,396 | | | | (13,647) | | | | 363,749 |
| 23. In force December 31 of current year | 15 | 6,828,812 | (a) | | 1 | 208,292 | | | 16 | 7,037,104 |

(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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 139 | | | | 139 |
| 2. Annuity considerations | | | | 68,522 | | 68,522 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 139 | | 68,522 | | 68,661 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| 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) | | | | | | |
| Annuites: | | | | | | |
| 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 | | 157,377 | | 14,827 | | 172,204 |
| 12. Surrender values and withdrawals for life contracts | | 743,072 | | 110,815 | | 853,886 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | | | | | |
| 15. Totals | | 900,449 | | 125,641 | | 1,026,090 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 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 | 30,001 | (a) | | | | | | 2 | 30,001 |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | 2 | 30,001 | (a) | | | | | | 2 | 30,001 |

(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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 236,433 | | | | | 236,433 |
| 2. Annuity considerations | 128,284,556 | | | 4,918,342 | | 133,202,898 |
| 3. Deposit-type contract funds | | XXX | | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 128,520,989 | | | 4,918,342 | | 133,439,331 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 2,397 | | | | | 2,397 |
| 6.2 Applied to pay renewal premiums | | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 597 | | | | | 597 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 2,995 | | | | | 2,995 |
| Annuites: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 2,995 | | | | | 2,995 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 122,496 | | | | | 122,496 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | 4,080,690 | | | 399,759 | | 4,480,449 |
| 12. Surrender values and withdrawals for life contracts | 25,151,965 | | | 9,182,390 | | 34,334,355 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 1 | | | | | 1 |
| 15. Totals | 29,355,151 | | | 9,582,149 | | 38,937,300 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 1 | 22,818 | | | | | | | 1 | 22,818 |
| 17. Incurred during current year | | 122,496 | | | | | | | | 122,496 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 119,121 | | | | | | | 1 | 119,121 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 1 | 119,121 | | | | | | | 1 | 119,121 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 1 | 119,121 | | | | | | | 1 | 119,121 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | 26,193 | | | | | | | | 26,193 |
| POLICY EXHIBIT | | | | No. of Policies | | | | | | |
| 20. In force December 31, prior year | 65 | 28,655,811 | (a) | (7) | | | | | 58 | 28,655,811 |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | 2,846,966 | | | | | | | | 2,846,966 |
| 23. In force December 31 of current year | 65 | 31,502,777 | (a) | (7) | | | | | 58 | 31,502,777 |

(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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

NAIC Group Code 0140

DURING THE YEAR 2022

NAIC Company Code 66869

LIFE INSURANCE

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 17,216 | | | | 17,216 |
| 2. Annuity considerations | | 424,095 | | 185,514 | | 609,608 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 441,310 | | 185,514 | | 626,824 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 394 | | | | 394 |
| 6.2 Applied to pay renewal premiums | | 3,738 | | | | 3,738 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 6,411 | | | | 6,411 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 10,543 | | | | 10,543 |
| Annuites: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | 10,543 | | | | 10,543 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | | | | | |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 52,819 | | 2,452 | | 55,271 |
| 12. Surrender values and withdrawals for life contracts | | 488,308 | | 17,483 | | 505,791 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | | | | | |
| 15. Totals | | 541,127 | | 19,935 | | 561,062 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 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 | 24 | 4,317,295 | (a) | | | | | 24 | 4,317,295 | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | (1) | 160 | | | | | | (1) | 160 | |
| 23. In force December 31 of current year | 23 | 4,317,455 | (a) | | | | | 23 | 4,317,455 | |

(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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | | |
| 4. Other considerations | | | | | XXX | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| 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) | | | | | | |
| Annuites: | | | | | | |
| 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 | | 8,519 | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | | | | | |
| 15. Totals | | 8,519 | | | | 8,519 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 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 | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members 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/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | 48,326 | | | | 48,326 |
| 2. Annuity considerations | | | | 1,115,153 | | 1,115,153 |
| 3. Deposit-type contract funds | | | XXX | | XXX | |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | 48,326 | | 1,115,153 | | 1,163,479 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 10,133 | | | | 10,133 |
| 6.2 Applied to pay renewal premiums | | 7,919 | | | | 7,919 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 9,730 | | | | 9,730 |
| 6.4 Other | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 27,782 | | | | 27,782 |
| Annuites: | | | | | | |
| 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) | | 27,782 | | | | 27,782 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 390,550 | | | | 390,550 |
| 10. Matured endowments | | | | | | |
| 11. Annuity benefits | | 105,898 | | 28,020 | | 133,918 |
| 12. Surrender values and withdrawals for life contracts | | 350,087 | | 720,326 | | 1,070,413 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | | 258 | | | | 258 |
| 15. Totals | | 846,793 | | 748,347 | | 1,595,139 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | 110,496 | | | | | | | | 110,496 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | 2,000 | | | | | | | | 2,000 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | 2,000 | | | | | | | | 2,000 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | 2,000 | | | | | | | | 2,000 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | 108,496 | | | | | | | | 108,496 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 350 | 16,387,834 | (a) | 1 | 59,812 | | | 351 | 16,447,646 | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | (35) | (3,228,547) | | | (10,130) | | | (35) | (3,238,677) | |
| 23. In force December 31 of current year | 315 | 13,159,287 | (a) | 1 | 49,682 | | | 316 | 13,208,969 | |

(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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

NAIC Group Code 0140

DURING THE YEAR 2022

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 | | | |
| 4. Other considerations | | | | | XXX | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| 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) | | | | | | |
| Annuites: | | | | | | |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 1 | 7,568 | | | | | | | 1 | 7,568 |
| 17. Incurred during current year | 13 | 106,304 | | | | | | | 13 | 106,304 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 14 | 108,872 | | | | | | | 14 | 108,872 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 14 | 108,872 | | | | | | | 14 | 108,872 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 14 | 108,872 | | | | | | | 14 | 108,872 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | 5,000 | | | | | | | | 5,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 276 | 53,945,398 | | | | | | | 276 | 54,095,398 |
| 21. Issued during year | | | (a) | | | | | | 3 | 115,440 |
| 22. Other changes to in force (Net) | | | | | 3 | 150,000 | | | | |
| 23. In force December 31 of current year | (4) | 7,483,059 | | | | 115,440 | | | (7) | 7,405,119 |
| | 272 | 61,428,457 | (a) | | | (77,940) | | | | |
| | | | | | | | 187,500 | | | |
| | | | | | | | | 272 | | 61,615,957 |

(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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (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 and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0140

DURING THE YEAR 2022

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 | 649,087,486 | | | 2,805,765,962 | | 3,454,853,448 |
| 2. Annuity considerations | 6,338,689,806 | | | 5,487,576,460 | | 11,826,266,266 |
| 3. Deposit-type contract funds | 10,272,116,331 | XXX | | | XXX | 10,272,116,331 |
| 4. Other considerations | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | 17,259,893,623 | | | 8,293,342,422 | | 25,553,236,045 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 7,876,481 | | | 153 | | 7,876,634 |
| 6.2 Applied to pay renewal premiums | 7,928,454 | | | | | 7,928,454 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 14,242,495 | | | 84 | | 14,242,579 |
| 6.4 Other | (827,521) | | | (100) | | (827,621) |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 29,219,908 | | | 138 | | 29,220,046 |
| Annuites: | | | | | | |
| 7.1 Paid in cash or left on deposit | (3,371) | | | | | (3,371) |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | (3,371) | | | | | (3,371) |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 29,216,537 | | | 138 | | 29,216,675 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 520,664,581 | | | 223,938,291 | | 744,602,872 |
| 10. Matured endowments | 440,031 | | | | | 440,031 |
| 11. Annuity benefits | 1,385,719,689 | | | 703,054,827 | | 2,088,774,516 |
| 12. Surrender values and withdrawals for life contracts | 6,403,409,321 | | | 6,675,321,431 | | 13,078,730,752 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | |
| 14. All other benefits, except accident and health | 3,579,622 | | | 24,379 | | 3,604,001 |
| 15. Totals | 8,313,813,244 | | | 7,602,338,928 | | 15,916,152,172 |
| 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. of Pols. & Certifs. | 2 Amount | 3 No. of Ind.Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. of Pols. & Certifs. | 8 Amount | 9 No. of Pols. & Certifs. | 10 Amount |
| 16. Unpaid December 31, prior year | 1,324 | 88,317,367 | | | .45 | 4,813,777 | | | 1,369 | .93,131,144 |
| 17. Incurred during current year | 9,112 | 520,874,092 | | | 184 | 205,847,114 | | | 9,296 | .726,721,207 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 9,695 | 546,466,412 | | | 209 | 205,992,258 | | | 9,904 | .752,458,669 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | 9,695 | 546,466,412 | | | 209 | 205,992,258 | | | 9,904 | .752,458,669 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 9,695 | 546,466,412 | | | 209 | 205,992,258 | | | 9,904 | .752,458,669 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 741 | 62,725,048 | | | 20 | 4,668,634 | | | 761 | .67,393,681 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 484,420 | 79,218,670,652 | (a) | | 38,585 | 64,839,361,893 | | | 523,005 | .144,058,032,545 |
| 21. Issued during year | 3,128 | 1,620,467,938 | | | 55,451 | 12,334,933,694 | | | 58,579 | .13,955,401,632 |
| 22. Other changes to in force (Net) | (28,338) | (6,142,804,483) | | | (48,293) | (6,753,813,600) | | | (76,631) | (12,896,618,083) |
| 23. In force December 31 of current year | 459,210 | 74,696,334,107 | (a) | | 45,743 | 70,420,481,987 | | | 504,953 | .145,116,816,094 |

(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 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|---|-------------------------|-----------------------------|
| | Direct Premiums | Direct Premiums Earned | Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 422,229,962 | 434,067,034 | 35,109 | 302,038,163 | .269,468,571 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies/certificates (b) | (625) | (638) | | 2,250 | .2,262 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 367,484 | 367,659 | | 2,748,579 | .2,084,920 |
| 25.2 Guaranteed renewable (b) | 1,989,237 | 2,076,195 | | 1,560,307 | .1,503,529 |
| 25.3 Non-renewable for stated reasons only (b) | 3,522 | 3,522 | | 80,716 | .97,612 |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | (194) |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 2,360,243 | 2,447,376 | | 4,389,602 | .3,685,867 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 424,589,579 | 436,513,773 | 35,109 | 306,430,015 | .273,156,700 |

(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 67,075 .

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 16,934,038 |
| 2. Current year's realized pre-tax capital gains/(losses) of \$ (130,608,089) transferred into the reserve net of taxes of \$ (27,427,699) | (103,180,390) |
| 3. Adjustment for current year's liability gains/(losses) released from the reserve ..... | ..... |
| 4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) | (86,246,352) |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) | (11,158,461) |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5) | (75,087,891) |

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. 2022 | 118,890 | (11,277,351) | ..... | (11,158,461) |
| 2. 2023 | 705,948 | (13,837,933) | ..... | (13,131,985) |
| 3. 2024 | 1,502,713 | (13,207,146) | ..... | (11,704,433) |
| 4. 2025 | 2,094,156 | (12,265,857) | ..... | (10,171,701) |
| 5. 2026 | 2,006,481 | (11,361,008) | ..... | (9,354,527) |
| 6. 2027 | 1,379,485 | (10,474,246) | ..... | (9,094,761) |
| 7. 2028 | 980,212 | (8,999,802) | ..... | (8,019,590) |
| 8. 2029 | 716,024 | (7,261,923) | ..... | (6,545,899) |
| 9. 2030 | 385,205 | (5,379,356) | ..... | (4,994,151) |
| 10. 2031 | 225,492 | (3,418,565) | ..... | (3,193,073) |
| 11. 2032 | 152,793 | (1,323,387) | ..... | (1,170,594) |
| 12. 2033 | 335,628 | (303,660) | ..... | 31,968 |
| 13. 2034 | 508,767 | (282,479) | ..... | 226,288 |
| 14. 2035 | 552,158 | (267,323) | ..... | 284,835 |
| 15. 2036 | 583,525 | (245,138) | ..... | 338,387 |
| 16. 2037 | 558,773 | (226,710) | ..... | 332,063 |
| 17. 2038 | 502,899 | (221,656) | ..... | 281,243 |
| 18. 2039 | 485,357 | (227,507) | ..... | 257,850 |
| 19. 2040 | 521,083 | (238,809) | ..... | 282,274 |
| 20. 2041 | 459,075 | (248,963) | ..... | 210,112 |
| 21. 2042 | 98,023 | (254,757) | ..... | (156,734) |
| 22. 2043 | 287,498 | (257,686) | ..... | 29,812 |
| 23. 2044 | 312,037 | (255,624) | ..... | 56,413 |
| 24. 2045 | 304,224 | (245,875) | ..... | 58,349 |
| 25. 2046 | 343,616 | (246,054) | ..... | 97,562 |
| 26. 2047 | 299,043 | (237,394) | ..... | 61,649 |
| 27. 2048 | 212,754 | (216,511) | ..... | (3,757) |
| 28. 2049 | 98,863 | (172,324) | ..... | (73,461) |
| 29. 2050 | 155,087 | (123,720) | ..... | 31,367 |
| 30. 2051 | 48,229 | (75,115) | ..... | (26,886) |
| 31. 2052 and Later | | (26,511) | | (26,511) |
| 32. Total (Lines 1 to 31) | 16,934,038 | (103,180,390) | | (86,246,352) |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 357,371,923 | 81,280,810 | 438,652,733 | 18,335,971 | 153,235,593 | 171,571,564 | 610,224,297 |
| 2. Realized capital gains/(losses) net of taxes - General Account | (27,582,299) | 2,734,564 | (24,847,735) | (98) | 2,353,681 | 2,353,583 | (22,494,152) |
| 3. Realized capital gains/(losses) net of taxes - Separate Accounts | | | | | | | |
| 4. Unrealized capital gains/(losses) net of deferred taxes - General Account | (12,204,256) | 3,022,248 | (9,182,008) | (13,420,970) | 60,809,200 | 47,388,230 | 38,206,222 |
| 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 | 92,020,253 | 18,500,342 | 110,520,595 | | 713,949 | 713,949 | 111,234,544 |
| 8. Accumulated balances (Lines 1 through 5 - 6 + 7) | 409,605,621 | 105,537,964 | 515,143,585 | 4,914,903 | 217,112,423 | 222,027,326 | 737,170,911 |
| 9. Maximum reserve | 438,801,410 | 86,611,249 | 525,412,659 | 21,186,388 | 238,451,217 | 259,637,604 | 785,050,263 |
| 10. Reserve objective | 262,877,255 | 66,522,903 | 329,400,159 | 20,603,751 | 237,657,940 | 258,261,691 | 587,661,849 |
| 11. 20% of (Line 10 - Line 8) | (29,345,673) | (7,803,012) | (37,148,685) | 3,137,770 | 4,109,103 | 7,246,873 | (29,901,812) |
| 12. Balance before transfers (Lines 8 + 11) | 380,259,947 | 97,734,952 | 477,994,900 | 8,052,673 | 221,221,526 | 229,274,199 | 707,269,098 |
| 13. Transfers | 11,123,703 | (11,123,703) | | | | | |
| 14. Voluntary contribution | | | | | | | |
| 15. Adjustment down to maximum/up to zero | | | | | | | |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15) | 391,383,650 | 86,611,249 | 477,994,900 | 8,052,673 | 221,221,526 | 229,274,199 | 707,269,098 |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|---|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| 1. | | LONG-TERM BONDS | 7,133,385 | XXX | XXX | 7,133,385 | 0.0000 | | 0.0000 | | 0.0000 | |
| 2.1 | 1 | Exempt Obligations | 5,473,494,236 | XXX | XXX | 5,473,494,236 | 0.0002 | 1,094,699 | 0.0007 | 3,831,446 | 0.0013 | 7,115,543 |
| 2.2 | 1 | NAIC Designation Category 1.A | 634,173,263 | XXX | XXX | 634,173,263 | 0.0004 | 253,669 | 0.0011 | 697,591 | 0.0023 | 1,458,599 |
| 2.3 | 1 | NAIC Designation Category 1.B | 1,922,597,823 | XXX | XXX | 1,922,597,823 | 0.0006 | 1,153,559 | 0.0018 | 3,460,676 | 0.0035 | 6,729,092 |
| 2.4 | 1 | NAIC Designation Category 1.C | 2,167,386,527 | XXX | XXX | 2,167,386,527 | 0.0007 | 1,517,171 | 0.0022 | 4,768,250 | 0.0044 | 9,536,501 |
| 2.5 | 1 | NAIC Designation Category 1.D | 2,424,835,063 | XXX | XXX | 2,424,835,063 | 0.0009 | 2,182,352 | 0.0027 | 6,547,055 | 0.0055 | 13,336,593 |
| 2.6 | 1 | NAIC Designation Category 1.E | 4,191,697,428 | XXX | XXX | 4,191,697,428 | 0.0011 | 4,610,867 | 0.0034 | 14,251,771 | 0.0068 | 28,503,543 |
| 2.7 | 1 | NAIC Designation Category 1.F | 4,252,383,689 | XXX | XXX | 4,252,383,689 | 0.0014 | 5,953,337 | 0.0042 | 17,860,011 | 0.0085 | 36,145,261 |
| 2.8 | | Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7) | 21,066,568,029 | XXX | XXX | 21,066,568,029 | XXX | 16,765,653 | XXX | 51,416,800 | XXX | 102,825,131 |
| 3.1 | 2 | NAIC Designation Category 2.A | 6,311,290,375 | XXX | XXX | 6,311,290,375 | 0.0021 | 13,253,710 | 0.0063 | 39,761,129 | 0.0105 | 66,268,549 |
| 3.2 | 2 | NAIC Designation Category 2.B | 7,566,162,790 | XXX | XXX | 7,566,162,790 | 0.0025 | 18,915,407 | 0.0076 | 57,502,837 | 0.0127 | 96,090,267 |
| 3.3 | 2 | NAIC Designation Category 2.C | 3,363,746,129 | XXX | XXX | 3,363,746,129 | 0.0036 | 12,109,486 | 0.0108 | 36,328,458 | 0.0180 | 60,547,430 |
| 3.4 | | Subtotal NAIC 2 (3.1+3.2+3.3) | 17,241,199,294 | XXX | XXX | 17,241,199,294 | XXX | 44,278,603 | XXX | 133,592,425 | XXX | 222,906,247 |
| 4.1 | 3 | NAIC Designation Category 3.A | 537,956,206 | XXX | XXX | 537,956,206 | 0.0069 | 3,711,898 | 0.0183 | 9,844,599 | 0.0262 | 14,094,453 |
| 4.2 | 3 | NAIC Designation Category 3.B | 263,373,799 | XXX | XXX | 263,373,799 | 0.0099 | 2,607,401 | 0.0264 | 6,953,068 | 0.0377 | 9,929,192 |
| 4.3 | 3 | NAIC Designation Category 3.C | 489,662,968 | XXX | XXX | 489,662,968 | 0.0131 | 6,414,585 | 0.0350 | 17,138,204 | 0.0500 | 24,483,148 |
| 4.4 | | Subtotal NAIC 3 (4.1+4.2+4.3) | 1,290,992,973 | XXX | XXX | 1,290,992,973 | XXX | 12,733,883 | XXX | 33,935,871 | XXX | 48,506,793 |
| 5.1 | 4 | NAIC Designation Category 4.A | 186,406,920 | XXX | XXX | 186,406,920 | 0.0184 | 3,429,887 | 0.0430 | 8,015,498 | 0.0615 | 11,464,026 |
| 5.2 | 4 | NAIC Designation Category 4.B | 201,515,725 | XXX | XXX | 201,515,725 | 0.0238 | 4,796,074 | 0.0555 | 11,184,123 | 0.0793 | 15,980,197 |
| 5.3 | 4 | NAIC Designation Category 4.C | 123,965,940 | XXX | XXX | 123,965,940 | 0.0310 | 3,842,944 | 0.0724 | 8,975,134 | 0.1034 | 12,818,078 |
| 5.4 | | Subtotal NAIC 4 (5.1+5.2+5.3) | 511,888,585 | XXX | XXX | 511,888,585 | XXX | 12,068,906 | XXX | 28,174,754 | XXX | 40,262,301 |
| 6.1 | 5 | NAIC Designation Category 5.A | 30,048,502 | XXX | XXX | 30,048,502 | 0.0472 | 1,418,289 | 0.0846 | 2,542,103 | 0.1410 | 4,236,839 |
| 6.2 | 5 | NAIC Designation Category 5.B | 42,009,939 | XXX | XXX | 42,009,939 | 0.0663 | 2,785,259 | 0.1188 | 4,990,781 | 0.1980 | 8,317,968 |
| 6.3 | 5 | NAIC Designation Category 5.C | 5,761,414 | XXX | XXX | 5,761,414 | 0.0836 | 481,654 | 0.1498 | 863,060 | 0.2496 | 1,438,049 |
| 6.4 | | Subtotal NAIC 5 (6.1+6.2+6.3) | 77,819,855 | XXX | XXX | 77,819,855 | XXX | 4,685,202 | XXX | 8,395,944 | XXX | 13,992,856 |
| 7. | 6 | NAIC 6 | 12,553,687 | XXX | XXX | 12,553,687 | 0.0000 | | 0.2370 | 2,975,224 | 0.2370 | 2,975,224 |
| 8. | | Total Unrated Multi-class Securities Acquired by Conversion | | | | | | | | | | |
| 9. | | Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8) | 40,208,155,808 | XXX | XXX | 40,208,155,808 | XXX | 90,532,248 | XXX | 258,491,018 | XXX | 431,468,551 |
| 10. | 1 | PREFERRED STOCKS | | XXX | XXX | | 0.0005 | | 0.0016 | | 0.0033 | |
| 11. | 2 | Highest Quality | 14,970,333 | XXX | XXX | 14,970,333 | 0.0021 | 31,438 | 0.0064 | 95,810 | 0.0106 | 158,686 |
| 12. | 3 | High Quality | 7,739,924 | XXX | XXX | 7,739,924 | 0.0099 | 76,625 | 0.0263 | 203,560 | 0.0376 | 291,021 |
| 13. | 4 | Medium Quality | 6,230,423 | XXX | XXX | 6,230,423 | 0.0245 | 152,645 | 0.0572 | 356,380 | 0.0817 | 509,026 |
| 14. | 5 | Low Quality | 818,913 | XXX | XXX | 818,913 | 0.0630 | 51,592 | 0.1128 | 92,373 | 0.1880 | 153,956 |
| 15. | 6 | Lower Quality | 646,570 | XXX | XXX | 646,570 | 0.0000 | | 0.2370 | 153,237 | 0.2370 | 153,237 |
| 16. | | In or Near Default | | | | | | | | | | |
| 17. | | Affiliated Life with AVR | | | | | | | | | | |
| | | Total Preferred Stocks (Sum of Lines 10 through 16) | 30,406,163 | XXX | XXX | 30,406,163 | XXX | 312,300 | XXX | 901,361 | XXX | 1,265,925 |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

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

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|---|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| 18. | | SHORT-TERM BONDS | | | | | | | | | | |
| 19.1 | 1 | Exempt Obligations | | XXX.. | XXX.. | | 0.0000 | | 0.0000 | | 0.0000 | |
| 19.1 | 1 | NAIC Designation Category 1.A | | XXX.. | XXX.. | | 0.0002 | | 0.0007 | | 0.0013 | |
| 19.2 | 1 | NAIC Designation Category 1.B | | XXX.. | XXX.. | | 0.0004 | | 0.0011 | | 0.0023 | |
| 19.3 | 1 | NAIC Designation Category 1.C | | XXX.. | XXX.. | | 0.0006 | | 0.0018 | | 0.0035 | |
| 19.4 | 1 | NAIC Designation Category 1.D | | XXX.. | XXX.. | | 0.0007 | | 0.0022 | | 0.0044 | |
| 19.5 | 1 | NAIC Designation Category 1.E | | XXX.. | XXX.. | | 0.0009 | | 0.0027 | | 0.0055 | |
| 19.6 | 1 | NAIC Designation Category 1.F | | XXX.. | XXX.. | | 0.0011 | | 0.0034 | | 0.0068 | |
| 19.7 | 1 | NAIC Designation Category 1.G | | XXX.. | XXX.. | | 0.0014 | | 0.0042 | | 0.0085 | |
| 19.8 | | Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7) | | XXX | XXX | | XXX | | XXX | | XXX | |
| 20.1 | 2 | NAIC Designation Category 2.A | | XXX.. | XXX.. | | 0.0021 | | 0.0063 | | 0.0105 | |
| 20.2 | 2 | NAIC Designation Category 2.B | | XXX.. | XXX.. | | 0.0025 | | 0.0076 | | 0.0127 | |
| 20.3 | 2 | NAIC Designation Category 2.C | | XXX.. | XXX.. | | 0.0036 | | 0.0108 | | 0.0180 | |
| 20.4 | | Subtotal NAIC 2 (20.1+20.2+20.3) | | XXX | XXX | | XXX | | XXX | | XXX | |
| 21.1 | 3 | NAIC Designation Category 3.A | | XXX.. | XXX.. | | 0.0069 | | 0.0183 | | 0.0262 | |
| 21.2 | 3 | NAIC Designation Category 3.B | | XXX.. | XXX.. | | 0.0099 | | 0.0264 | | 0.0377 | |
| 21.3 | 3 | NAIC Designation Category 3.C | | XXX.. | XXX.. | | 0.0131 | | 0.0350 | | 0.0500 | |
| 21.4 | | Subtotal NAIC 3 (21.1+21.2+21.3) | | XXX | XXX | | XXX | | XXX | | XXX | |
| 22.1 | 4 | NAIC Designation Category 4.A | | XXX.. | XXX.. | | 0.0184 | | 0.0430 | | 0.0615 | |
| 22.2 | 4 | NAIC Designation Category 4.B | | XXX.. | XXX.. | | 0.0238 | | 0.0555 | | 0.0793 | |
| 22.3 | 4 | NAIC Designation Category 4.C | | XXX.. | XXX.. | | 0.0310 | | 0.0724 | | 0.1034 | |
| 22.4 | | Subtotal NAIC 4 (22.1+22.2+22.3) | | XXX | XXX | | XXX | | XXX | | XXX | |
| 23.1 | 5 | NAIC Designation Category 5.A | | XXX.. | XXX.. | | 0.0472 | | 0.0846 | | 0.1410 | |
| 23.2 | 5 | NAIC Designation Category 5.B | | XXX.. | XXX.. | | 0.0663 | | 0.1188 | | 0.1980 | |
| 23.3 | 5 | NAIC Designation Category 5.C | | XXX.. | XXX.. | | 0.0836 | | 0.1498 | | 0.2496 | |
| 23.4 | | Subtotal NAIC 5 (23.1+23.2+23.3) | | XXX | XXX | | XXX | | XXX | | XXX | |
| 24. | 6 | NAIC 6 | | XXX.. | XXX.. | | 0.0000 | | 0.2370 | | 0.2370 | |
| 25. | | Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24) | | XXX | XXX | | XXX | | XXX | | XXX | |
| | | DERIVATIVE INSTRUMENTS | | | | | | | | | | |
| 26. | | Exchange Traded | 29,186,875 | XXX.. | XXX.. | 29,186,875 | 0.0005 | 14,593 | 0.0016 | 46,699 | 0.0033 | 96,317 |
| 27. | 1 | Highest Quality | 15,757,245 | XXX.. | XXX.. | 15,757,245 | 0.0005 | 7,879 | 0.0016 | 25,212 | 0.0033 | 51,999 |
| 28. | 2 | High Quality | | XXX.. | XXX.. | | 0.0021 | | 0.0064 | | 0.0106 | |
| 29. | 3 | Medium Quality | | XXX.. | XXX.. | | 0.0099 | | 0.0263 | | 0.0376 | |
| 30. | 4 | Low Quality | | XXX.. | XXX.. | | 0.0245 | | 0.0572 | | 0.0817 | |
| 31. | 5 | Lower Quality | | XXX.. | XXX.. | | 0.0630 | | 0.1128 | | 0.1880 | |
| 32. | 6 | In or Near Default | | XXX | XXX | | 0.0000 | | 0.2370 | | 0.2370 | |
| 33. | | Total Derivative Instruments | 44,944,120 | XXX | XXX | 44,944,120 | XXX | 22,472 | XXX | 71,911 | XXX | 148,316 |
| 34. | | Total (Lines 9 + 17 + 25 + 33) | 40,283,506,091 | XXX | XXX | 40,283,506,091 | XXX | 90,867,020 | XXX | 259,464,289 | XXX | 432,882,792 |

ANNUAL STATEMENT FOR THE YEAR 2022 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..... | | 0.0011 | | 0.0057 | | 0.0074 | | |
| 36. | | Farm Mortgages - CM2 - High Quality | | | XXX..... | | 0.0040 | | 0.0114 | | 0.0149 | | |
| 37. | | Farm Mortgages - CM3 - Medium Quality | | | XXX..... | | 0.0069 | | 0.0200 | | 0.0257 | | |
| 38. | | Farm Mortgages - CM4 - Low Medium Quality | | | XXX..... | | 0.0120 | | 0.0343 | | 0.0428 | | |
| 39. | | Farm Mortgages - CM5 - Low Quality | | | XXX..... | | 0.0183 | | 0.0486 | | 0.0628 | | |
| 40. | | Residential Mortgages - Insured or Guaranteed | | | XXX..... | | 0.0003 | | 0.0007 | | 0.0011 | | |
| 41. | | Residential Mortgages - All Other | | | XXX..... | | 0.0015 | | 0.0034 | | 0.0046 | | |
| 42. | | Commercial Mortgages - Insured or Guaranteed | | | XXX..... | | 0.0003 | | 0.0007 | | 0.0011 | | |
| 43. | | Commercial Mortgages - All Other - CM1 - Highest Quality | 5,322,140,311 | | XXX..... | 5,322,140,311 | 0.0011 | 5,854,354 | 0.0057 | 30,336,200 | 0.0074 | 39,383,838 | |
| 44. | | Commercial Mortgages - All Other - CM2 - High Quality | 2,887,326,884 | | XXX..... | 2,887,326,884 | 0.0040 | 11,549,308 | 0.0114 | 32,915,526 | 0.0149 | 43,021,171 | |
| 45. | | Commercial Mortgages - All Other - CM3 - Medium Quality | 153,074,559 | | XXX..... | 153,074,559 | 0.0069 | 1,056,214 | 0.0200 | 3,061,491 | 0.0257 | 3,934,016 | |
| 46. | | Commercial Mortgages - All Other - CM4 - Low Medium Quality | | | XXX..... | | 0.0120 | | 0.0343 | | 0.0428 | | |
| 47. | | Commercial Mortgages - All Other - CM5 - Low Quality | | | XXX..... | | 0.0183 | | 0.0486 | | 0.0628 | | |
| | | Overdue, Not in Process: | | | | | | | | | | | |
| 48. | | Farm Mortgages | | | XXX..... | | 0.0480 | | 0.0868 | | 0.1371 | | |
| 49. | | Residential Mortgages - Insured or Guaranteed | | | XXX..... | | 0.0006 | | 0.0014 | | 0.0023 | | |
| 50. | | Residential Mortgages - All Other | | | XXX..... | | 0.0029 | | 0.0066 | | 0.0103 | | |
| 51. | | Commercial Mortgages - Insured or Guaranteed | | | XXX..... | | 0.0006 | | 0.0014 | | 0.0023 | | |
| 52. | | Commercial Mortgages - All Other | | | XXX..... | | 0.0480 | | 0.0868 | | 0.1371 | | |
| | | In Process of Foreclosure: | | | | | | | | | | | |
| 53. | | Farm Mortgages | | | XXX..... | | 0.0000 | | 0.1942 | | 0.1942 | | |
| 54. | | Residential Mortgages - Insured or Guaranteed | | | XXX..... | | 0.0000 | | 0.0046 | | 0.0046 | | |
| 55. | | Residential Mortgages - All Other | | | XXX..... | | 0.0000 | | 0.0149 | | 0.0149 | | |
| 56. | | Commercial Mortgages - Insured or Guaranteed | | | XXX..... | | 0.0000 | | 0.0046 | | 0.0046 | | |
| 57. | | Commercial Mortgages - All Other | | | XXX..... | | 0.0000 | | 0.1942 | | 0.1942 | | |
| 58. | | Total Schedule B Mortgages (Sum of Lines 35 through 57) | 8,362,541,754 | | XXX..... | 8,362,541,754 | XXX | 18,459,876 | XXX | 66,313,217 | XXX | 86,339,025 | |
| 59. | | Schedule DA Mortgages | | | XXX..... | | 0.0034 | | 0.0114 | | 0.0149 | | |
| 60. | | Total Mortgage Loans on Real Estate (Lines 58 + 59) | 8,362,541,754 | | XXX..... | 8,362,541,754 | XXX | 18,459,876 | XXX | 66,313,217 | XXX | 86,339,025 | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 77,022,703 | XXX | XXX | 77,022,703 | 0.0000 | | 0.2431 (a) | 18,724,219 | 0.2431 (a) | 18,724,219 |
| 2. | | Unaffiliated - Public | 79,972 | XXX | XXX | 79,972 | 0.0000 | | 0.1945 | 15,555 | 0.1945 | 15,555 |
| 3. | | Unaffiliated - Private | | | | | | | 0.0061 | 987,246 | 0.0097 | 1,569,883 |
| 4. | | Federal Home Loan Bank | 161,843,600 | XXX | XXX | 161,843,600 | 0.0000 | | | | | |
| Affiliated - Life with AVR | | 3,429,447,563 | XXX | XXX | XXX | 3,429,447,563 | 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 | | 0.1580 (a) | | 0.1580 (a) | |
| 13. | | Unaffiliated Common Stock - Private | | | | | 0.0000 | | 0.1945 | | 0.1945 | |
| 14. | | Real Estate | | | | | (b) | | (b) | | (b) | |
| 15. | | Affiliated - Certain Other (See SVO Purposes and Procedures Manual) | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 16. | | Affiliated - All Other | 1,272,267 | XXX | XXX | 1,272,267 | 0.0000 | | 0.1945 | 247,456 | 0.1945 | 247,456 |
| 17. | | Total Common Stock (Sum of Lines 1 through 16) | 3,669,666,105 | | | 3,669,666,105 | XXX | | XXX | 19,974,476 | XXX | 20,557,113 |
| 18. | | REAL ESTATE | | | | | | | | | | |
| 19. | | Home Office Property (General Account only) | | | | | 0.0000 | | 0.0912 | | 0.0912 | |
| 20. | | Investment Properties | | | | | 0.0000 | | 0.0912 | | 0.0912 | |
| 21. | | Properties Acquired in Satisfaction of Debt | | | | | 0.0000 | | 0.1337 | | 0.1337 | |
| | | Total Real Estate (Sum of Lines 18 through 20) | | | | | XXX | | XXX | | XXX | |
| 22. | 1 | OTHER INVESTED ASSETS | | | | | | | | | | |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS | | | | | | | | | | |
| | | Exempt Obligations | | XXX | XXX | | 0.0000 | | 0.0000 | | 0.0000 | |
| | | Highest Quality | | XXX | XXX | | 0.0005 | | 0.0016 | | 0.0033 | |
| | | High Quality | | XXX | XXX | | 0.0021 | | 0.0064 | | 0.0106 | |
| | | Medium Quality | | XXX | XXX | | 0.0099 | | 0.0263 | | 0.0376 | |
| | | Low Quality | | XXX | XXX | | 0.0245 | | 0.0572 | | 0.0817 | |
| | | Lower Quality | | XXX | XXX | | 0.0630 | | 0.1128 | | 0.1880 | |
| 27. | 5 | In or Near Default | | XXX | XXX | | 0.0000 | | 0.2370 | | 0.2370 | |
| | | Total with Bond Characteristics (Sum of Lines 22 through 28) | | XXX | XXX | | XXX | | XXX | | XXX | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | | | 0.0005 | | 0.0016 | | 0.0033 |
| 31. | 2 | High Quality | | XXX | XXX | | | 0.0021 | | 0.0064 | | 0.0106 |
| 32. | 3 | Medium Quality | | XXX | XXX | | | 0.0099 | | 0.0263 | | 0.0376 |
| 33. | 4 | Low Quality | | XXX | XXX | | | 0.0245 | | 0.0572 | | 0.0817 |
| 34. | 5 | Lower Quality..... | | XXX | XXX | | | 0.0630 | | 0.1128 | | 0.1880 |
| 35. | 6 | In or Near Default | | XXX | XXX | | | 0.0000 | | 0.2370 | | 0.2370 |
| 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 | | | 0.0011 | | 0.0057 | | 0.0074 |
| 39. | | Mortgages - CM2 - High Quality | | | XXX | | | 0.0040 | | 0.0114 | | 0.0149 |
| 40. | | Mortgages - CM3 - Medium Quality | | | XXX | | | 0.0069 | | 0.0200 | | 0.0257 |
| 41. | | Mortgages - CM4 - Low Medium Quality | | | XXX | | | 0.0120 | | 0.0343 | | 0.0428 |
| 42. | | Mortgages - CM5 - Low Quality | | | XXX | | | 0.0183 | | 0.0486 | | 0.0628 |
| 43. | | Residential Mortgages - Insured or Guaranteed | | | XXX | | | 0.0003 | | 0.0007 | | 0.0011 |
| 44. | | Residential Mortgages - All Other | | | XXX | | | 0.0015 | | 0.0034 | | 0.0046 |
| 45. | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | | 0.0003 | | 0.0007 | | 0.0011 |
| | | Overdue, Not in Process Affiliated: | | | | | | | | | | |
| 46. | | Farm Mortgages | | | XXX | | | 0.0480 | | 0.0868 | | 0.1371 |
| 47. | | Residential Mortgages - Insured or Guaranteed | | | XXX | | | 0.0006 | | 0.0014 | | 0.0023 |
| 48. | | Residential Mortgages - All Other | | | XXX | | | 0.0029 | | 0.0066 | | 0.0103 |
| 49. | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | | 0.0006 | | 0.0014 | | 0.0023 |
| 50. | | Commercial Mortgages - All Other | | | XXX | | | 0.0480 | | 0.0868 | | 0.1371 |
| | | In Process of Foreclosure Affiliated: | | | | | | | | | | |
| 51. | | Farm Mortgages | | | XXX | | | 0.0000 | | 0.1942 | | 0.1942 |
| 52. | | Residential Mortgages - Insured or Guaranteed | | | XXX | | | 0.0000 | | 0.0046 | | 0.0046 |
| 53. | | Residential Mortgages - All Other | | | XXX | | | 0.0000 | | 0.0149 | | 0.0149 |
| 54. | | Commercial Mortgages - Insured or Guaranteed | | | XXX | | | 0.0000 | | 0.0046 | | 0.0046 |
| 55. | | Commercial Mortgages - All Other | | | XXX | | | 0.0000 | | 0.1942 | | 0.1942 |
| 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 | | | 0.0011 | | 0.0057 | | 0.0074 |
| 59. | | Unaffiliated - In Good Standing Primarily Senior | | | XXX | | | 0.0040 | | 0.0114 | | 0.0149 |
| 60. | | Unaffiliated - In Good Standing All Other | | | XXX | | | 0.0069 | | 0.0200 | | 0.0257 |
| 61. | | Unaffiliated - Overdue, Not in Process | | | XXX | | | 0.0480 | | 0.0868 | | 0.1371 |
| 62. | | Unaffiliated - In Process of Foreclosure | | | XXX | | | 0.0000 | | 0.1942 | | 0.1942 |
| 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 2022 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 | | 0.1580 (a) | | 0.1580 (a) | |
| 67. | | Unaffiliated Private | 497,061,369 | XXX | XXX | 497,061,369 | 0.0000 | | 0.1945 | 96,678,436 | 0.1945 | |
| 68. | | Affiliated Life with AVR | 51,782,000 | XXX | XXX | 51,782,000 | 0.0000 | | 0.0000 | | 0.0000 | |
| 69. | | Affiliated Certain Other (See SVO Purposes & Procedures Manual) | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 70. | | Affiliated Other - All Other | | XXX | XXX | | 0.0000 | | 0.1945 | | 0.1945 | |
| | | Total with Common Stock Characteristics (Sum of Lines 65 through 69) | 548,843,369 | XXX | XXX | 548,843,369 | XXX | | XXX | 96,678,436 | XXX | |
| 71. | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE | | | | | | | | | | |
| 72. | | Home Office Property (General Account only) | | | | | 0.0000 | | 0.0912 | | 0.0912 | |
| 73. | | Investment Properties | 752,963,018 | | | 752,963,018 | 0.0000 | | 0.0912 | 68,670,227 | 0.0912 | |
| 74. | | Properties Acquired in Satisfaction of Debt | | | | | 0.0000 | | 0.1337 | | 0.1337 | |
| | | Total with Real Estate Characteristics (Sum of Lines 71 through 73) | 752,963,018 | | | 752,963,018 | XXX | | XXX | 68,670,227 | 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 | 107,596,522 | | | 107,596,522 | 0.0063 | 677,858 | 0.0120 | 1,291,158 | 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 | 5,728,681 | | | 5,728,681 | 0.0063 | 36,091 | 0.0120 | 68,744 | 0.0190 | |
| 80. | | All Other Low Income Housing Tax Credit | | | | | 0.0273 | | 0.0600 | | 0.0975 | |
| | | Total LIHTC (Sum of Lines 75 through 79) | 113,325,203 | | | 113,325,203 | XXX | 713,949 | XXX | 1,359,902 | XXX | |
| 81. | | RESIDUAL TRANCES OR INTERESTS | | | | | | | | | | |
| 82. | | Fixed Income Instruments - Unaffiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 83. | | Fixed Income Instruments - Affiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 84. | | Common Stock - Unaffiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 85. | | Common Stock - Affiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 86. | | Preferred Stock - Unaffiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 87. | | Preferred Stock - Affiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 88. | | Real Estate - Unaffiliated | | | | | 0.0000 | | 0.1580 | | 0.1580 | |
| 89. | | Real Estate - Affiliated | | | | | 0.0000 | | 0.1580 | | 0.1580 | |
| 90. | | Mortgage Loans - Unaffiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 91. | | Mortgage Loans - Affiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 92. | | Other - Unaffiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| 93. | | Other - Affiliated | | XXX | XXX | | 0.0000 | | 0.1580 | | 0.1580 | |
| | | Total Residual Trances or Interests (Sum of Lines 81 through 92) | | | | | XXX | | XXX | | XXX | |
| 94. | | ALL OTHER INVESTMENTS | | | | | | | | | | |
| 95. | | NAIC 1 Working Capital Finance Investments | | XXX | | | 0.0000 | | 0.0042 | | 0.0042 | |
| 96. | | NAIC 2 Working Capital Finance Investments | | XXX | | | 0.0000 | | 0.0137 | | 0.0137 | |
| 97. | | Other Invested Assets - Schedule BA | 281,546,672 | XXX | | 281,546,672 | 0.0000 | | 0.1580 | 44,484,374 | 0.1580 | |
| 98. | | Other Short-Term Invested Assets - Schedule DA | 167,500,000 | XXX | | 167,500,000 | 0.0000 | | 0.1580 | 26,465,000 | 0.1580 | |
| 99. | | Total All Other (Sum of Lines 94, 95, 96 and 97) | 449,046,672 | XXX | | 449,046,672 | XXX | | XXX | 70,949,374 | XXX | |
| | | Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98) | 1,864,178,262 | | | 1,864,178,262 | XXX | 713,949 | XXX | 237,657,940 | XXX | |

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(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.

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

| | Total | | Comprehensive (Hospital and Medical) Individual | | Comprehensive (Hospital and Medical) Group | | Medicare Supplement | | Vision Only | | Dental Only | | Federal Employees Health Benefits Plan | |
|--|--------------|------------|---|---------|--|---------|---------------------|--------|-------------|---------|--------------|---------|--|---------|
| | 1 Amount | 2 % | 3 Amount | 4 % | 5 Amount | 6 % | 7 Amount | 8 % | 9 Amount | 10 % | 11 Amount | 12 % | 13 Amount | 14 % |
| 1. Premiums written | 250,181 | XXX | 41,452 | XXX | 208,729 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2. Premiums earned | 250,181 | XXX | 41,452 | XXX | 208,729 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. Incurred claims | (1,815,789) | (725.8) | 212,583 | 512.8 | 347,912 | 166.7 | | | | | | | | |
| 4. Cost containment expenses | | | | | | | | | | | | | | |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4) | (1,815,789) | (725.8) | 212,583 | 512.8 | 347,912 | 166.7 | | | | | | | | |
| 6. Increase in contract reserves | (313,005) | (125.1) | (13,657) | (32.9) | (267,366) | (128.1) | | | | | | | | |
| 7. Commissions (a) | (73,715,228) | (29,464.8) | 4,095 | 9.9 | 7,255 | 3.5 | | | (106,773) | | | | (1,543,010) | |
| 8. Other general insurance expenses | 66,264,044 | 26,486.4 | (121,926) | (294.1) | 86,698 | 41.5 | | | 94,431 | | | | .960,317 | |
| 9. Taxes, licenses and fees | 7,614,149 | 3,043.5 | (237) | (0.6) | .3,022 | 1.4 | | | 13,552 | | | | 634,582 | |
| 10. Total other expenses incurred | 162,965 | 65.1 | (118,068) | (284.8) | 96,975 | 46.5 | | | 1,210 | | | | 51,889 | |
| 11. Aggregate write-ins for deductions | (436,719) | (174.6) | | | | | | | | | | | | |
| 12. Gain from underwriting before dividends or refunds | 2,652,729 | 1,060.3 | (39,406) | (95.1) | 31,208 | 15.0 | | | (1,210) | | | | (51,889) | |
| 13. Dividends or refunds | | | | | | | | | | | | | | |
| 14. Gain from underwriting after dividends or refunds | 2,652,729 | 1,060.3 | (39,406) | (95.1) | 31,208 | 15.0 | | | (1,210) | | | | (51,889) | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | |
| 1101. Change in safe stabilization reserves | | (36,719) | | (14.7) | | | | | | | | | | |
| 1102. Change in loss recognition reserves | | (400,000) | | (159.9) | | | | | | | | | | |
| 1103. | | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | | | | | | |
| 1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | | (436,719) | | (174.6) | | | | | | | | | | |

| | Medicare Title XVIII | | Medicaid Title XIX | | Credit A&H | | Disability Income | | Long-Term Care | | Other Health | |
|--|----------------------|---------|--------------------|---------|--------------|---------|-------------------|-------------|----------------|---------|--------------|--------------|
| | 15 Amount | 16 % | 17 Amount | 18 % | 19 Amount | 20 % | 21 Amount | 22 % | 23 Amount | 24 % | 25 Amount | 26 % |
| 1. Premiums written | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 2. Premiums earned | | XXX | | XXX | | XXX | | XXX | | XXX | | XXX |
| 3. Incurred claims | | | | | | | | (2,076,128) | | | | (300,156) |
| 4. Cost containment expenses | | | | | | | | (2,076,128) | | | | (300,156) |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4) | | | | | | | | (2,076,128) | | | | (31,982) |
| 6. Increase in contract reserves | | | | | | | | (69,688) | | | | (72,007,107) |
| 7. Commissions (a) | | | | | | | | 63,804 | | | | .65,180,720 |
| 8. Other general insurance expenses | | | | | | | | 5,967 | | | | 6,957,263 |
| 9. Taxes, licenses and fees | | | | | | | | 83 | | | | 130,876 |
| 10. Total other expenses incurred | | | | | | | | 2,076,045 | | | | (436,719) |
| 11. Aggregate write-ins for deductions | | | | | | | | | | | | 637,981 |
| 12. Gain from underwriting before dividends or refunds | | | | | | | | | | | | 637,981 |
| 13. Dividends or refunds | | | | | | | | | | | | |
| 14. Gain from underwriting after dividends or refunds | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1101. Change in safe stabilization reserves | | | | | | | | | | | | (36,719) |
| 1102. Change in loss recognition reserves | | | | | | | | | | | | (400,000) |
| 1103. | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | | | | |
| 1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | | | | | | | | | | | | (436,719) |

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**PART 2. - RESERVES AND LIABILITIES**

| | 1 Total | 2 Comprehensive (Hospital and Medical) Individual | 3 Comprehensive (Hospital and Medical) Group | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Medicare Title XVIII | 9 Medicaid Title XIX | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health |
|---|--------------|---|--|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|
| A. Premium Reserves: | | | | | | | | | | | | | |
| 1. Unearned premiums | 6,647,155 | | | | | | | | | | | | 6,647,155 |
| 2. Advance premiums | 13,754 | 1,366 | 12,388 | | | | | | | | | | |
| 3. Reserve for rate credits | 758,500 | | | | | | | | | | | | 758,500 |
| 4. Total premium reserves, current year | 7,419,409 | 1,366 | 12,388 | | | | | | | | | | 7,405,655 |
| 5. Total premium reserves, prior year | 18,533,287 | 1,224 | 15,719 | | | | | | | | | | 18,516,344 |
| 6. Increase in total premium reserves | (11,113,878) | 142 | (3,331) | | | | | | | | | | (11,110,689) |
| B. Contract Reserves: | | | | | | | | | | | | | |
| 1. Additional reserves (a) | 8,054,995 | 154,395 | 1,780,490 | | | | | | | | | | 6,120,110 |
| 2. Reserve for future contingent benefits | | | | | | | | | | | | | |
| 3. Total contract reserves, current year | 8,054,995 | 154,395 | 1,780,490 | | | | | | | | | | 6,120,110 |
| 4. Total contract reserves, prior year | 8,368,000 | 168,052 | 2,047,856 | | | | | | | | | | 6,152,092 |
| 5. Increase in contract reserves | (313,005) | (13,657) | (267,366) | | | | | | | | | | (31,982) |
| C. Claim Reserves and Liabilities: | | | | | | | | | | | | | |
| 1. Total current year | 106,328,801 | 1,219,246 | 2,202,361 | | | | | | | | | | 92,846,440 |
| 2. Total prior year | 114,126,709 | 1,249,594 | 2,205,726 | | | | | | | | | | 98,244,123 |
| 3. Increase | (7,797,908) | (30,348) | (3,365) | | | | | | | | | | (5,397,683) |

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

| | 1 Total | 2 Comprehensive (Hospital and Medical) Individual | 3 Comprehensive (Hospital and Medical) Group | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Medicare Title XVIII | 9 Medicaid Title XIX | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health |
|---|-------------|---|--|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|
| 1. Claims paid during the year: | | | | | | | | | | | | | |
| 1.1 On claims incurred prior to current year | 5,982,119 | 242,931 | 351,277 | | 21,016 | 66,465 | | | | | 202,903 | | 5,097,527 |
| 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 | 106,328,801 | 1,219,246 | 2,202,361 | | | | | | | | | | 92,846,440 |
| 2.2 On claims incurred during current year | | | | | | | | | | | | | |
| 3. Test: | | | | | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1 | 112,310,920 | 1,462,177 | 2,553,638 | | 21,016 | 5,432,195 | | | | | 4,897,927 | | 97,943,967 |
| 3.2 Claim reserves and liabilities, December 31, prior year | 114,126,709 | 1,249,594 | 2,205,726 | | 21,016 | 5,432,195 | | | | | 6,974,055 | | 98,244,123 |
| 3.3 Line 3.1 minus Line 3.2 | (1,815,789) | 212,583 | 347,912 | | | | | | | | (2,076,128) | | (300,156) |

PART 4. - REINSURANCE

| | 1 Total | 2 Comprehensive (Hospital and Medical) Individual | 3 Comprehensive (Hospital and Medical) Group | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Medicare Title XVIII | 9 Medicaid Title XIX | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health |
|---------------------------|-------------|---|--|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|
| A. Reinsurance Assumed: | | | | | | | | | | | | | |
| 1. Premiums written | | | | | | | | | | | | | |
| 2. Premiums earned | | | | | | | | | | | | | |
| 3. Incurred claims | | | | | | | | | | | | | |
| 4. Commissions | | | | | | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | | | | | |
| 1. Premiums written | 424,339,399 | 2,318,166 | 10 | | 849,584 | 36,449,308 | | | | | 58,050 | | 384,664,281 |
| 2. Premiums earned | 436,263,593 | 2,405,287 | 10 | | 849,584 | 36,449,308 | | | | | 58,050 | | 396,501,354 |
| 3. Incurred claims | 274,955,592 | 3,458,649 | | | 409,016 | 29,549,990 | | | | | (890,911) | | 242,418,848 |
| 4. Commissions | 114,850,282 | 127,295 | | | 191,676 | 10,223,566 | | | | | 98,675 | | 104,209,070 |

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

| | 1 Comprehensive (Hospital and Medical) Individual | 2 Comprehensive (Hospital and Medical) Group | 3 Medicare Supplement | 4 Vision Only | 5 Dental Only | 6 Federal Employees Health Benefits Plan | 7 Medicare Title XVIII | 8 Medicaid Title XIX | 9 Credit A&H | 10 Disability Income | 11 Long-Term Care | 12 Other Health | 13 Total |
|--|---|--|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|-----------------|----------------------------|-------------------------|--------------------|-------------|
| A. Direct: | | | | | | | | | | | | | |
| 1. Incurred claims | 3,671,234 | 347,912 | | 409,016 | 29,549,990 | | | | | (2,957,039) | | 242,118,692 | 273,139,805 |
| 2. Beginning claim reserves and liabilities | 24,515,285 | 2,205,747 | | 21,016 | 5,432,195 | | | | | 15,149,143 | | 160,096,322 | 207,419,708 |
| 3. Ending claim reserves and liabilities | 23,794,667 | 2,202,382 | | | 5,365,730 | | | | | 10,542,713 | | 132,224,005 | 174,129,497 |
| 4. Claims paid | 4,391,852 | 351,277 | | 430,032 | 29,616,455 | | | | | 1,649,391 | | 269,991,009 | 306,430,016 |
| B. Assumed Reinsurance: | | | | | | | | | | | | | |
| 1. Incurred claims | | | | | | | | | | | | | |
| 2. Beginning claim reserves and liabilities | | | | | | | | | | | | | |
| 3. Ending claim reserves and liabilities | | | | | | | | | | | | | |
| 4. Claims paid | | | | | | | | | | | | | |
| C. Ceded Reinsurance: | | | | | | | | | | | | | |
| 1. Incurred claims | 3,458,649 | | | 409,016 | 29,549,990 | | | | | (880,911) | | 242,418,848 | 274,955,592 |
| 2. Beginning claim reserves and liabilities | 23,265,692 | 21 | | | | | | | | 8,175,088 | | 61,852,199 | 93,293,000 |
| 3. Ending claim reserves and liabilities | 22,575,421 | 21 | | | | | | | | 5,847,690 | | 39,377,565 | 67,800,697 |
| 4. Claims paid | 4,148,920 | | | 409,016 | 29,549,990 | | | | | 1,446,487 | | 264,893,482 | 300,447,895 |
| D. Net: | | | | | | | | | | | | | |
| 1. Incurred claims | 212,585 | 347,912 | | | | | | | | (2,076,128) | | (300,156) | (1,815,787) |
| 2. Beginning claim reserves and liabilities | 1,249,593 | 2,205,726 | | 21,016 | 5,432,195 | | | | | 6,974,055 | | 98,244,123 | 114,126,708 |
| 3. Ending claim reserves and liabilities | 1,219,246 | 2,202,361 | | | 5,365,730 | | | | | 4,695,023 | | 92,846,440 | 106,328,800 |
| 4. Claims paid | 242,932 | 351,277 | | 21,016 | 66,465 | | | | | 202,904 | | 5,097,527 | 5,982,121 |
| E. Net Incurred Claims and Cost Containment Expenses: | | | | | | | | | | | | | |
| 1. Incurred claims and cost containment expenses | 212,583 | 347,912 | | | | | | | | (2,076,128) | | (300,156) | (1,815,789) |
| 2. Beginning reserves and liabilities | 1,249,594 | 2,205,726 | | 21,016 | 5,432,195 | | | | | 6,974,055 | | 98,244,123 | 114,126,709 |
| 3. Ending reserves and liabilities | 1,219,246 | 2,202,361 | | | 5,365,730 | | | | | 4,695,024 | | 92,846,440 | 106,328,801 |
| 4. Paid claims and cost containment expenses | 242,931 | 351,277 | | 21,016 | 66,465 | | | | | 202,903 | | 5,097,527 | 5,982,119 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 Type of Business Assumed | 8 Amount of In Force at End of Year | 9 Reserve | 10 Premiums | 11 Reinsurance Payable on Paid and Unpaid Losses | 12 Modified Coinsurance Reserve | 13 Funds Withheld Under Coinsurance |
|--|-------------------|------------------------|--|----------------------------------|--|-------------------------------------|---|--------------|----------------|---|--|---|
| 92657 | .31-1000740 | ..02/26/1999 | Nationwide Life and Annuity Insurance Co | OH | CO/G | OL | 79,538,867 | 155,976,305 | | | | |
| 92657 | .31-1000740 | ..01/01/1994 | Nationwide Life and Annuity Insurance Co | OH | MCO/I | OL | 524,173,748 | | 12,271,499 | | 32,601,611 | |
| 92657 | .31-1000740 | ..12/31/1996 | Nationwide Life and Annuity Insurance Co | OH | MCO/I | FA | | | 10,407,991 | | 858,946,997 | |
| 0299999. General Account - U.S. Affiliates - Other | | | | | | | 603,712,615 | 155,976,305 | 22,679,490 | | 891,548,608 | |
| 0399999. Total General Account - U.S. Affiliates | | | | | | | 603,712,615 | 155,976,305 | 22,679,490 | | 891,548,608 | |
| 0699999. Total General Account - Non-U.S. Affiliates | | | | | | | | | | | | |
| 0799999. Total General Account - Affiliates | | | | | | | 603,712,615 | 155,976,305 | 22,679,490 | | 891,548,608 | |
| 60992 | .13-3690700 | ..04/16/1993 | First MetLife Investors Insurance Co | NY | CO/I | FA | | | 476,296 | | | |
| 82627 | .06-0839705 | ..01/01/1989 | Swiss Re Life and Health America Inc | MO | YRT/I | OL | | | | 766 | | |
| 70335 | .94-0971150 | ..01/01/1986 | West Coast Life Ins Company | NE | OTH/I | OL | 960,147 | 467,163 | 14,218 | | | |
| 0899999. General Account - U.S. Non-Affiliates | | | | | | | 960,147 | 943,459 | 14,984 | | | |
| 1099999. Total General Account - Non-Affiliates | | | | | | | 960,147 | 943,459 | 14,984 | | | |
| 1199999. Total General Account | | | | | | | 604,672,762 | 156,919,764 | 22,694,474 | | 891,548,608 | |
| 92657 | .31-1000740 | ..01/01/1994 | Nationwide Life and Annuity Insurance Co | OH | MCO/I | OL | | | | | 76,807,854 | |
| 1399999. Separate Accounts - U.S. Affiliates - Other | | | | | | | | | | | 76,807,854 | |
| 1499999. Total Separate Accounts - U.S. Affiliates | | | | | | | | | | | 76,807,854 | |
| 1799999. Total Separate Accounts - Non-U.S. Affiliates | | | | | | | | | | | | |
| 1899999. Total Separate Accounts - Affiliates | | | | | | | | | | | 76,807,854 | |
| 2199999. Total Separate Accounts - Non-Affiliates | | | | | | | | | | | | |
| 2299999. Total Separate Accounts | | | | | | | | | | | 76,807,854 | |
| 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) | | | | | | | 604,672,762 | 156,919,764 | 22,694,474 | | 968,356,462 | |
| 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) | | | | | | | 604,672,762 | 156,919,764 | 22,694,474 | | 968,356,462 | |
| 9999999 - Totals | | | | | | | 604,672,762 | 156,919,764 | 22,694,474 | | 968,356,462 | |

ANNUAL STATEMENT FOR THE YEAR 2022 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

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 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 | | | | | | |
|0895 | ..35-0145825 .. | ..01/01/1977 .. | American United Life Ins Co | IN.. | 70,004 | 125,000 |
|86258 | ..13-2572994 .. | ..12/01/1973 .. | General Re Life Corporation | CT.. | 25,665 | 154,912 |
|86258 | ..13-2572994 .. | ..12/01/1973 .. | General Re Life Corporation | CT.. | 20,190 | 94,378 |
|88340 | ..59-2859797 .. | ..06/01/2012 .. | Hannover Life Reassurance Company of America | FL.. | 75,736 | 109,995 |
|65676 | ..35-0472300 .. | ..04/01/1998 .. | Lincoln National Life Insurance Co | IN.. | 87,026 | ..... |
|65676 | ..35-0472300 .. | ..10/01/1946 .. | Lincoln National Life Insurance Co | IN.. | 675,838 | ..... |
|65676 | ..35-0472300 .. | ..10/01/1946 .. | Lincoln National Life Insurance Co | IN.. | 904,975 | 480,728 |
|66346 | ..58-0828824 .. | ..03/20/1979 .. | Munich American Reassurance Co | GA.. | 174,763 | ..... |
|93572 | ..43-1235868 .. | ..10/01/1980 .. | RGA Reinsurance Company | MO.. | 50,074 | 187,500 |
|93572 | ..43-1235868 .. | ..10/01/1980 .. | RGA Reinsurance Company | MO.. | 2,260,388 | 286,405 |
|93572 | ..43-1235868 .. | ..10/01/1980 .. | RGA Reinsurance Company | MO.. | 112,912 | 823,128 |
|64688 | ..75-6020048 .. | ..02/07/2000 .. | SCOR Global Life Americas Reinsurance | DE.. | 450,000 | ..... |
|64688 | ..75-6020048 .. | ..11/01/1989 .. | SCOR Global Life Americas Reinsurance | DE.. | 37,519 | 172,806 |
|87572 | ..23-2038295 .. | ..03/01/2005 .. | Scottish Re Us Inc | DE.. | 448,216 | 121,257 |
|87572 | ..23-2038295 .. | ..10/01/1984 .. | Scottish Re Us Inc | DE.. | 59,149 | 19,829 |
|68713 | ..84-0499703 .. | ..01/01/2002 .. | Security Life of Denver Ins Co | CO.. | 10,500 | 350,000 |
|68713 | ..84-0499703 .. | ..01/01/2002 .. | Security Life of Denver Ins Co | CO.. | 75,005 | 150,000 |
|68713 | ..84-0499703 .. | ..04/01/1994 .. | Security Life of Denver Ins Co | CO.. | 479,058 | ..... |
|82627 | ..06-0839705 .. | ..03/01/1964 .. | Swiss Re Life and Health America Inc | MO.. | 67,366 | 64,176 |
|82627 | ..06-0839705 .. | ..03/01/1964 .. | Swiss Re Life and Health America Inc | MO.. | 7,000 | 13,452 |
|62596 | ..31-0252460 .. | ..11/12/1982 .. | Union Fidelity Life Ins Co | KS.. | ..... | 1,096 |
| 0899999. Life and Annuity - U.S. Non-Affiliates | | | | | 5,916,620 | 3,329,425 |
| 1099999. Total Life and Annuity - Non-Affiliates | | | | | 5,916,620 | 3,329,425 |
| 1199999. Total Life and Annuity | | | | | 5,916,620 | 3,329,425 |
| 1499999. Total Accident and Health - U.S. Affiliates | | | | | | |
| 1799999. Total Accident and Health - Non-U.S. Affiliates | | | | | | |
| 1899999. Total Accident and Health - Affiliates | | | | | | |
|71439 | ..38-1843471 .. | ..07/01/2003 .. | Assurity Life Insurance Company | NE.. | ..... | 163,945 |
|37273 | ..39-1338397 .. | ..10/01/2012 .. | AXIS Insurance Company | IL.. | ..... | 5,530,446 |
|00000 | ..45-2207399 .. | ..06/01/2014 .. | Fringe Re, LLC | MT.. | 783,495 | ..... |
|70939 | ..13-2611847 .. | ..01/01/2005 .. | Gerber Life Insurance Company | NY.. | 2,728,944 | ..... |
|88340 | ..59-2859797 .. | ..01/01/2011 .. | Hannover Life Re | FL.. | 4,957,234 | ..... |
|11054 | ..43-1898350 .. | ..01/01/2018 .. | Maiden Reinsurance North America Inc | MO.. | 7,598,595 | ..... |
|68381 | ..36-0883760 .. | ..04/01/2010 .. | Reliance Standard Life Ins Co | IL.. | 885,000 | ..... |
|68381 | ..36-0883760 .. | ..04/01/2010 .. | Reliance Standard Life Ins Co | IL.. | 173,896 | ..... |
|93572 | ..43-1235868 .. | ..05/01/2015 .. | RGA Reinsurance Company | MO.. | 685,539 | ..... |
|82627 | ..06-0839705 .. | ..05/01/1977 .. | Swiss Re Life and Health America Inc | MO.. | 74,000 | 109,995 |
|19453 | ..13-5616275 .. | ..04/01/2019 .. | Transatlantic Reinsurance Company | NY.. | 333,022 | ..... |
|21113 | ..13-5459190 .. | ..04/01/2019 .. | United States Fire Insurance Company | DE.. | 86,894 | ..... |
| 1999999. Accident and Health - U.S. Non-Affiliates | | | | | 74,000 | 24,037,004 |
|00000 | ..AA-3160157 .. | ..01/01/2019 .. | Black Sands Reinsurance | BRB.. | ..... | 2,580,172 |
|00000 | ..AA-0055586 .. | ..09/01/2019 .. | Beam Reinsurance Company | TCA.. | ..... | 12,160 |
|00000 | ..AA-1126033 .. | ..12/01/2004 .. | Lloyds Syndicate #0033 | GBR.. | 69,646 | ..... |
|00000 | ..AA-1126033 .. | ..12/01/2004 .. | Lloyds Syndicate #0033 | GBR.. | ..... | 91 |
|00000 | ..AA-1126457 .. | ..12/01/2006 .. | Lloyds Syndicate #0457 | GBR.. | 23,654 | ..... |
|00000 | ..AA-1126457 .. | ..12/01/2006 .. | Lloyds Syndicate #0457 | GBR.. | ..... | 30 |
|00000 | ..AA-1126510 .. | ..12/01/2004 .. | Lloyds Syndicate #0510 | GBR.. | 69,646 | ..... |
|00000 | ..AA-1126510 .. | ..12/01/2004 .. | Lloyds Syndicate #0510 | GBR.. | ..... | 91 |
|00000 | ..AA-1126780 .. | ..12/01/2014 .. | Lloyds Syndicate #0780 | GBR.. | 46 | ..... |
|00000 | ..AA-1126958 .. | ..04/01/2014 .. | Lloyds Syndicate #0958 | GBR.. | 3 | ..... |
|00000 | ..AA-1127183 .. | ..01/01/2005 .. | Lloyds Syndicate #1183 | GBR.. | 30 | ..... |
|00000 | ..AA-1127200 .. | ..01/01/2010 .. | Lloyds Syndicate #1200 | GBR.. | 14,455 | ..... |
|00000 | ..AA-1127200 .. | ..01/01/2010 .. | Lloyds Syndicate #1200 | GBR.. | 18 | ..... |
|00000 | ..AA-1127206 .. | ..04/01/2010 .. | Lloyds Syndicate #1206 | GBR.. | 26,610 | ..... |
|00000 | ..AA-1127206 .. | ..04/01/2010 .. | Lloyds Syndicate #1206 | GBR.. | 15 | ..... |
|00000 | ..AA-1127861 .. | ..12/01/2012 .. | Lloyds Syndicate #1861 | GBR.. | 18 | ..... |
|00000 | ..AA-1128001 .. | ..01/01/2005 .. | Lloyds Syndicate #2001 | GBR.. | 32,852 | ..... |
|00000 | ..AA-1128001 .. | ..01/01/2005 .. | Lloyds Syndicate #2001 | GBR.. | 43 | ..... |
|00000 | ..AA-1128003 .. | ..05/01/2016 .. | Lloyds Syndicate #2003 | GBR.. | 46 | ..... |
|00000 | ..AA-1120104 .. | ..12/01/2011 .. | Lloyds Syndicate #2012 | GBR.. | 14,455 | ..... |
|00000 | ..AA-1120104 .. | ..12/01/2011 .. | Lloyds Syndicate #2012 | GBR.. | 18 | ..... |
|00000 | ..AA-1128488 .. | ..12/01/2004 .. | Lloyds Syndicate #2488 | GBR.. | 30 | ..... |
|00000 | ..AA-1128987 .. | ..12/01/2004 .. | Lloyds Syndicate #2987 | GBR.. | 91 | ..... |
|00000 | ..AA-1120055 .. | ..03/01/2010 .. | Lloyds Syndicate #3623 | GBR.. | 35,151 | ..... |
|00000 | ..AA-1120055 .. | ..03/01/2010 .. | Lloyds Syndicate #3623 | GBR.. | 91 | ..... |
|00000 | ..AA-1120075 .. | ..12/01/2006 .. | Lloyds Syndicate #4020 | GBR.. | 69,646 | ..... |
|00000 | ..AA-1120075 .. | ..12/01/2006 .. | Lloyds Syndicate #4020 | GBR.. | 102 | ..... |
|00000 | ..AA-1126004 .. | ..12/01/2006 .. | Lloyds Syndicate #4444 | GBR.. | 12,156 | ..... |
|00000 | ..AA-1126004 .. | ..12/01/2006 .. | Lloyds Syndicate #4444 | GBR.. | 12 | ..... |
|00000 | ..AA-1126006 .. | ..01/01/2005 .. | Lloyds Syndicate #4472 | GBR.. | 69,646 | ..... |
|00000 | ..AA-1126006 .. | ..01/01/2005 .. | Lloyds Syndicate #4472 | GBR.. | 91 | ..... |
|00000 | ..AA-1120090 .. | ..05/01/2016 .. | Lloyds Syndicate #4711 | GBR.. | 12 | ..... |
|00000 | ..AA-1126003 .. | ..08/01/2008 .. | Lloyds Syndicate #5000 | GBR.. | 48,291 | ..... |
|00000 | ..AA-1126003 .. | ..08/01/2008 .. | Lloyds Syndicate #5000 | GBR.. | 46 | ..... |
|00000 | ..AA-3194213 .. | ..10/01/2012 .. | Roundstone Insurance | BMU.. | 12,751,023 | ..... |
| 2099999. Accident and Health - Non-U.S. Non-Affiliates | | | | | | 15,830,492 |
| 2199999. Total Accident and Health - Non-Affiliates | | | | | 74,000 | 39,867,496 |
| 2299999. Total Accident and Health | | | | | 74,000 | 39,867,496 |
| 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) | | | | | 5,990,620 | 27,366,429 |
| 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) | | | | | 5,990,620 | 15,830,492 |
| 9999999 Totals - Life, Annuity and Accident and Health | | | | | 5,990,620 | 43,196,921 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | | |
| 15821 | 47-4523959 | 10/01/2015 | Eagle Captive Reinsurance, LLC | OH..... | COFW/I..... | VA..... | | 248,865,256 | 48,982,722 | 626,892,015 | | | | 1,584,217,410 |
| 15821 | 47-4523959 | 10/01/2015 | Eagle Captive Reinsurance, LLC | OH..... | COFW/G..... | VA..... | | 3,675,627 | 1,183,524 | 9,933,160 | | | | 23,398,173 |
| 15821 | 47-4523959 | 03/31/2021 | Eagle Captive Reinsurance, LLC | OH..... | COFW/G..... | FA..... | | | | | | | | 33,300 |
| 0199999 | General Account - Authorized U.S. Affiliates - Captive | | | | | | | 252,540,883 | 50,166,246 | 636,825,175 | | | | 1,607,648,883 |
| 0399999 | Total General Account - Authorized U.S. Affiliates | | | | | | | 252,540,883 | 50,166,246 | 636,825,175 | | | | 1,607,648,883 |
| 0699999 | Total General Account - Authorized Non-U.S. Affiliates | | | | | | | | | | | | | |
| 0799999 | Total General Account - Authorized Affiliates | | | | | | | 252,540,883 | 50,166,246 | 636,825,175 | | | | 1,607,648,883 |
| 60488 | 25-0598210 | 10/01/1991 | American General Life Ins Co | TX..... | CO/I..... | FA..... | | 17,934,241 | 18,406,546 | 239,925 | | | | |
| 60895 | 35-0145825 | 01/01/1977 | American United Life Ins Co | IN..... | CO/I..... | XXXL..... | 521,324,393 | 9,031,636 | 12,937,841 | 2,935,272 | | | | |
| 60895 | 35-0145825 | 01/01/1977 | American United Life Ins Co | IN..... | CO/I..... | OL..... | 662,500 | 675,707 | 665,911 | 29,892 | | | | |
| 60895 | 35-0145825 | 01/01/1992 | American United Life Ins Co | IN..... | YRT/I..... | OL..... | 150,000 | 36 | 33 | 3,466 | | | | |
| 61689 | 42-0175020 | 01/01/1992 | Athena Ann & Life Co | IA..... | OTH/I..... | OL..... | 47,033,610 | 21,356,990 | 22,002,191 | 302,075 | | | | |
| 68365 | 04-2729166 | 05/01/1999 | AXA Corp Solutions Re Life Reins Co | DE..... | CO/I..... | VA..... | | 2,319,321 | 482,221 | 1,159,798 | | | | |
| 33197 | 06-0949141 | 11/01/1997 | Cologne Reinsurance Co | CT..... | YRT/I..... | XXXL..... | 3,750,000 | | | 77,672 | | | | |
| 33197 | 06-0949141 | 11/01/1997 | Cologne Reinsurance Co | CT..... | YRT/I..... | OL..... | 24,751,661 | 711,066 | 671,208 | 72,244 | | | | |
| 68276 | 48-1024691 | 12/31/1995 | Employers Reassurance Corp | KS..... | CO/I..... | OL..... | 59,747,820 | 8,910,978 | 9,403,234 | 538,032 | | | | |
| 68276 | 48-1024691 | 04/01/1996 | Employers Reassurance Corp | KS..... | YRT/I..... | OL..... | | 469 | 469 | | | | | |
| 86258 | 13-2572994 | 12/01/1973 | General Re Life Corporation | CT..... | YRT/I..... | AXXX..... | 53,466,528 | 31,819 | 15,654 | 256,510 | | | | |
| 86258 | 13-2572994 | 12/01/1973 | General Re Life Corporation | CT..... | YRT/I..... | XXXL..... | 990,000 | | | 1,320 | | | | |
| 86258 | 13-2572994 | 12/01/1973 | General Re Life Corporation | CT..... | YRT/I..... | OL..... | 495,369,286 | 7,123,107 | 6,926,248 | 5,515,268 | | | | |
| 11231 | 13-5617450 | 03/01/1986 | Generali US Branch | NY..... | YRT/I..... | OL..... | 207,054 | 97 | 84 | 1,814 | | | | |
| 88340 | 59-2859797 | 06/01/2012 | Hannover Life Reassurance Company of America | FL..... | YRT/G..... | OL..... | 3,627,335,210 | 992,386 | 892,993 | 7,568,506 | | | | |
| 88340 | 59-2859797 | 10/01/2005 | Hannover Life Reassurance Company of America | FL..... | YRT/I..... | AXXX..... | 1,505,790,590 | 465,070 | 438,262 | 4,397,910 | | | | |
| 88340 | 59-2859797 | 10/01/2005 | Hannover Life Reassurance Company of America | FL..... | YRT/I..... | XXXL..... | 117,693,683 | | | 137,063 | | | | |
| 88340 | 59-2859797 | 10/01/2005 | Hannover Life Reassurance Company of America | FL..... | YRT/I..... | OL..... | 118,362,031 | 20,208 | 12,454 | 47,548 | | | | |
| 65676 | 35-0472300 | 01/01/1982 | Lincoln National Life Insurance Co | IN..... | CO/G..... | FA..... | | 27,808,584 | 28,919,381 | 17,969 | | | | |
| 65676 | 35-0472300 | 03/01/1944 | Lincoln National Life Insurance Co | IN..... | MCO/I..... | OL..... | 2,917,463 | | | 60,840 | | | | 2,215,913 |
| 65676 | 35-0472300 | 04/01/1998 | Lincoln National Life Insurance Co | IN..... | YRT/G..... | OL..... | 352,056,053 | 400,196 | 425,859 | 3,473,116 | | | | |
| 65676 | 35-0472300 | 10/01/1946 | Lincoln National Life Insurance Co | IN..... | YRT/I..... | AXXX..... | 1,025,561,339 | 1,315,446 | 1,293,485 | 11,293,597 | | | | |
| 65676 | 35-0472300 | 10/01/1946 | Lincoln National Life Insurance Co | IN..... | YRT/I..... | XXXL..... | 869,833,883 | 4,895,069 | 6,257,338 | 4,545,551 | | | | |
| 65676 | 35-0472300 | 10/01/1946 | Lincoln National Life Insurance Co | IN..... | YRT/I..... | OL..... | 683,476,244 | 1,648,710 | 1,585,303 | 4,025,329 | | | | |
| 65676 | 35-0472300 | 10/01/1946 | Lincoln National Life Insurance Co | IN..... | CO/I..... | OL..... | 530,000 | | | 13,009 | | | | |
| 66346 | 58-0828824 | 07/01/2001 | Munich American Reassurance Co | GA..... | YRT/G..... | OL..... | 471,358,013 | 81,078 | 41,670 | 295,825 | | | | |
| 66346 | 58-0828824 | 03/20/1979 | Munich American Reassurance Co | GA..... | YRT/I..... | AXXX..... | 160,709,941 | 53,540 | 34,174 | 126,553 | | | | |
| 66346 | 58-0828824 | 03/20/1979 | Munich American Reassurance Co | GA..... | YRT/I..... | XXXL..... | 67,176,104 | | | 55,132 | | | | |
| 66346 | 58-0828824 | 03/20/1979 | Munich American Reassurance Co | GA..... | YRT/I..... | OL..... | 161,331,280 | 904,244 | 915,084 | 638,569 | | | | |
| 93572 | 43-1235868 | 10/01/1980 | RGA Reinsurance Company | MO..... | CO/I..... | XXXL..... | 505,820,167 | 10,270,557 | 12,391,084 | 903,516 | | | | |
| 93572 | 43-1235868 | 10/01/1980 | RGA Reinsurance Company | MO..... | CO/I..... | OL..... | 421,250 | 2,690 | 3,401 | 3,079 | | | | |
| 93572 | 43-1235868 | 09/01/1989 | RGA Reinsurance Company | MO..... | YRT/G..... | OL..... | 451,160,586 | 443,802 | 461,852 | 3,992,271 | | | | |
| 93572 | 43-1235868 | 10/01/1980 | RGA Reinsurance Company | MO..... | YRT/I..... | AXXX..... | 1,277,243,581 | 1,336,670 | 1,284,928 | 12,193,571 | | | | |
| 93572 | 43-1235868 | 10/01/1980 | RGA Reinsurance Company | MO..... | YRT/I..... | XXXL..... | 265,627,575 | 99,776 | 114,649 | 483,003 | | | | |
| 93572 | 43-1235868 | 10/01/1980 | RGA Reinsurance Company | MO..... | YRT/I..... | OL..... | 2,364,366,569 | 10,615,723 | 10,412,666 | 18,203,695 | | | | |
| 64688 | 75-6020048 | 02/07/2000 | SCOR Global Life Americas Reinsurance | DE..... | CO/I..... | OL..... | 1,272,282,620 | 21,500,392 | 31,841,175 | 2,848,014 | | | | |
| 64688 | 75-6020048 | 09/01/1989 | SCOR Global Life Americas Reinsurance | DE..... | YRT/G..... | OL..... | 9,305,000 | 176,060 | 186,965 | 110,032 | | | | |
| 64688 | 75-6020048 | 11/01/1989 | SCOR Global Life Americas Reinsurance | DE..... | YRT/I..... | OL..... | 575,172,365 | 7,191,800 | 7,099,033 | 3,743,882 | | | | |
| 64688 | 75-6020048 | 10/01/1983 | Scor Global Life Americas Reinsurance Co | DE..... | YRT/I..... | AXXX..... | 52,705,431 | 25,960 | 24,179 | 264,846 | | | | |
| 64688 | 75-6020048 | 10/01/1983 | Scor Global Life Americas Reinsurance Co | DE..... | YRT/I..... | XXXL..... | 64,372,800 | | | 91,476 | | | | |
| 64688 | 75-6020048 | 10/01/1983 | Scor Global Life Americas Reinsurance Co | DE..... | YRT/I..... | OL..... | 102,304,973 | 683,314 | 597,259 | 369,971 | | | | |
| 97071 | 13-3126819 | 06/01/2012 | SCOR Global Life USA Reins Co | DE..... | YRT/I..... | AXXX..... | 625,913 | 1,566 | 1,329 | 6,404 | | | | |
| 87572 | 23-2038295 | 10/01/2002 | Scottish Re Us Inc | DE..... | CO/I..... | FA..... | | 23,400,506 | 24,525,453 | | | | | |
| 87572 | 23-2038295 | 10/01/2002 | Scottish Re Us Inc | DE..... | CO/I..... | OL..... | | | | 1,148 | | | | |
| 87572 | 23-2038295 | 03/01/2005 | Scottish Re Us Inc | DE..... | YRT/G..... | OL..... | 483,157,743 | 2,299,012 | 6,005,538 | 3,942,709 | | | | |
| 87572 | 23-2038295 | 10/01/1984 | Scottish Re Us Inc | DE..... | YRT/I..... | OL..... | 295,989,855 | 2,250,189 | 2,006,853 | 3,646,434 | | | | |
| 68675 | 48-0409770 | 07/01/2000 | Security Benefits Life Insurance Co | KS..... | CO/I..... | VA..... | | 91,531,596 | 93,590,077 | 2,880,088 | | | | |
| 68675 | 48-0409770 | 01/01/2002 | Security Life of Denver Ins Co | CO..... | CO/I..... | XXXL..... | 1,156,610,369 | 20,547,744 | 28,168,580 | 4,848,586 | | | | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | | |
| 68713 | 84-0499703 | 01/01/2002 | Security Life of Denver Ins Co | CO..... | CO/I..... | OL..... | 227,500 | 1,912 | 3,624 | (66) | | | | |
| 68713 | 84-0499703 | 01/01/2002 | Security Life of Denver Ins Co | CO..... | CO/I..... | OL..... | 1,447,238 | 810,788 | 969,227 | 13,983 | | | | |
| 68713 | 84-0499703 | 04/01/1994 | Security Life of Denver Ins Co | CO..... | YRT/G..... | OL..... | 196,807,744 | 228,351 | 235,524 | 2,000,086 | | | | |
| 68713 | 84-0499703 | 04/01/1994 | Security Life of Denver Ins Co | CO..... | YRT/I..... | AXXX..... | 1,018,852,348 | 15,958,083 | 15,992,439 | 13,407,060 | | | | |
| 68713 | 84-0499703 | 04/01/1994 | Security Life of Denver Ins Co | CO..... | YRT/I..... | OL..... | 216,996,220 | 5,684,477 | 5,404,984 | 2,167,603 | | | | |
| 82627 | 06-0839705 | 08/01/1997 | Swiss Re Life and Health America Inc | MO..... | CO/G..... | VA..... | | 1,081,207 | 413,875 | 404,186 | | | | |
| 82627 | 06-0839705 | 05/01/1972 | Swiss Re Life & Health Amer Inc | MO..... | YRT/I..... | OL..... | | 4,212 | 3,524 | 70,451 | | | | |
| 82627 | 06-0839705 | 01/01/1950 | Swiss Re Life and Health America Inc | MO..... | CO/I..... | XXXL..... | 852,791,925 | 14,832,507 | 20,627,970 | 4,012,716 | | | | |
| 82627 | 06-0839705 | 10/01/1984 | Swiss Re Life and Health America Inc | MO..... | OTH/G..... | OL..... | 5,743,986,468 | 1,747,925 | 1,282,631 | 10,360,769 | | | | |
| 82627 | 06-0839705 | 03/01/1964 | Swiss Re Life and Health America Inc | MO..... | YRT/I..... | AXXX..... | 1,836,800,677 | 831,483 | 885,096 | 6,513,241 | | | | |
| 82627 | 06-0839705 | 03/01/1964 | Swiss Re Life and Health America Inc | MO..... | YRT/I..... | XXXL..... | 147,346,828 | | | 227,487 | | | | |
| 82627 | 06-0839705 | 03/01/1964 | Swiss Re Life and Health America Inc | MO..... | YRT/I..... | OL..... | 315,270,416 | 1,227,424 | 1,402,112 | 2,949,522 | | | | |
| 82627 | 06-0839705 | 03/01/1964 | Swiss Re Life and Health America Inc | MO..... | YRT/I..... | OL..... | | | | 984 | | | | |
| 62596 | 31-0252460 | 11/12/1982 | Union Fidelity Life Ins Co | KS..... | OTH/G..... | OL..... | 120,000 | 2,942 | 3,053 | (1,928) | | | | |
| 70335 | 94-0971150 | 01/01/1994 | West Coast Life Ins Company | NE..... | MCO/I..... | FA..... | | | | | | | 22,170,186 | |
| 70335 | 94-0971150 | 01/01/1994 | West Coast Life Ins Company | NE..... | MCO/I..... | OL..... | | | | | | | 40,045,018 | |
| 70335 | 94-0971150 | 01/01/1994 | West Coast Life Ins Company | NE..... | OTH/I..... | OL..... | 3,863,693 | 16,008 | 21,819 | 68,070 | | | | |
| 0899999 | General Account - Authorized U.S. Non-Affiliates | | | | | | 29,584,572,065 | 344,136,078 | 380,989,306 | 148,556,693 | | | 64,431,117 | |
| 1099999 | Total General Account - Authorized Non-Affiliates | | | | | | 29,584,572,065 | 344,136,078 | 380,989,306 | 148,556,693 | | | 64,431,117 | |
| 1199999 | Total General Account Authorized | | | | | | 29,584,572,065 | 596,676,961 | 431,155,552 | 785,381,868 | | | 64,431,117 | 1,607,648,883 |
| 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-3190878 | 07/01/2002 | Wilton Reinsurance Bermuda Ltd | BMU..... | YRT/I..... | OL..... | 13,297,315 | 1,074,998 | 1,048,228 | 212,438 | | | | |
| 2099999 | General Account - Unauthorized Non-U.S. Non-Affiliates | | | | | | 13,297,315 | 1,074,998 | 1,048,228 | 212,438 | | | | |
| 2199999 | Total General Account - Unauthorized Non-Affiliates | | | | | | 13,297,315 | 1,074,998 | 1,048,228 | 212,438 | | | | |
| 2299999 | Total General Account Unauthorized | | | | | | 13,297,315 | 1,074,998 | 1,048,228 | 212,438 | | | | |
| 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 | | | | | | | | | | | | | |
| 3699999 | Total General Account - Reciprocal Jurisdiction U.S. Affiliates | | | | | | | | | | | | | |
| 3999999 | Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates | | | | | | | | | | | | | |
| 4099999 | Total General Account - Reciprocal Jurisdiction Affiliates | | | | | | | | | | | | | |
| 4399999 | Total General Account - Reciprocal Jurisdiction Non-Affiliates | | | | | | | | | | | | | |
| 4499999 | Total General Account Reciprocal Jurisdiction | | | | | | | | | | | | | |
| 4599999 | Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | 29,597,869,380 | 597,751,959 | 432,203,780 | 785,594,306 | | | 64,431,117 | 1,607,648,883 |
| 4899999 | Total Separate Accounts - Authorized U.S. Affiliates | | | | | | | | | | | | | |
| 5199999 | Total Separate Accounts - Authorized Non-U.S. Affiliates | | | | | | | | | | | | | |
| 5299999 | Total Separate Accounts - Authorized Affiliates | | | | | | | | | | | | | |
| 68675 | 48-0409770 | 07/01/2000 | Security Benefits Life Insurance Co | KS..... | CO/I..... | VA..... | | | | 2,713,718 | | | 331,367,572 | |
| 5399999 | Separate Accounts - Authorized U.S. Non-Affiliates | | | | | | | | | 2,713,718 | | | 331,367,572 | |
| 5599999 | Total Separate Accounts - Authorized Non-Affiliates | | | | | | | | | 2,713,718 | | | 331,367,572 | |
| 5699999 | Total Separate Accounts Authorized | | | | | | | | | 2,713,718 | | | 331,367,572 | |
| 5999999 | Total Separate Accounts - Unauthorized U.S. Affiliates | | | | | | | | | | | | | |
| 6299999 | Total Separate Accounts - Unauthorized Non-U.S. Affiliates | | | | | | | | | | | | | |
| 6399999 | Total Separate Accounts - Unauthorized Affiliates | | | | | | | | | | | | | |
| 6699999 | Total Separate Accounts - Unauthorized Non-Affiliates | | | | | | | | | | | | | |
| 6799999 | Total Separate Accounts Unauthorized | | | | | | | | | | | | | |
| 7099999 | Total Separate Accounts - Certified U.S. Affiliates | | | | | | | | | | | | | |
| 7399999 | Total Separate Accounts - Certified Non-U.S. Affiliates | | | | | | | | | | | | | |
| 7499999 | Total Separate Accounts - Certified Affiliates | | | | | | | | | | | | | |
| 7799999 | Total Separate Accounts - Certified Non-Affiliates | | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | Outstanding Surplus Relief | | 14 Modified Coinsurance Reserve | 15 Funds Withheld Under Coinsurance |
|--|-------------------|------------------------|----------------------|--|--------------------------------------|-----------------------------------|--|----------------------|------------------|-------------|----------------------------|------------------|--|--|
| | | | | | | | | 9 Current Year | 10 Prior Year | | 12 Current Year | 13 Prior Year | | |
| 7899999. Total Separate Accounts Certified | | | | | | | | | | | | | | |
| 8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates | | | | | | | | | | | | | | |
| 8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates | | | | | | | | | | | | | | |
| 8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates | | | | | | | | | | | | | | |
| 8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates | | | | | | | | | | | | | | |
| 8999999. Total Separate Accounts Reciprocal Jurisdiction | | | | | | | | | | | | | | |
| 9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | | | | | 2,713,718 | | | | 331,367,572 |
| 9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999) | | | | | | | 29,584,572,065 | 596,676,961 | 431,155,552 | 788,095,586 | | | | 395,798,689 1,607,648,883 |
| 9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999) | | | | | | | 13,297,315 | 1,074,998 | 1,048,228 | 212,438 | | | | |
| 9999999 - Totals | | | | | | | 29,597,869,380 | 597,751,959 | 432,203,780 | 788,308,024 | | | | 395,798,689 1,607,648,883 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 of Reinsurance Ceded | 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 | 31-4177100 | 01/01/1996 | Nationwide Mutual Insurance Company | OH | QA/G | OH | 263,588,367 | | | | | 12,358,819 | |
| 0299999 | General Account - Authorized U.S. Affiliates - Other | | | | | | 263,588,367 | | | | | 12,358,819 | |
| 0399999 | Total General Account - Authorized U.S. Affiliates | | | | | | 263,588,367 | | | | | 12,358,819 | |
| 0699999 | Total General Account - Authorized Non-U.S. Affiliates | | | | | | | | | | | | |
| 0799999 | Total General Account - Authorized Affiliates | | | | | | 263,588,367 | | | | | 12,358,819 | |
| 22667 | 95-2371728 | 08/01/2005 | ACE American Ins Co | PA | OTH/G | OH | 1,659 | 55 | | | | | |
| 71439 | 38-1843471 | 07/01/2003 | Assurity Life Insurance Compnay | NE | QA/I | STD I | 69,106 | 9,867 | 1,344,297 | | | | |
| 37273 | 39-1338397 | 10/01/2012 | AXIS Insurance Company | IL | QA/G | SLEL | 21,426,612 | | | | | | |
| 61883 | 42-0884060 | 10/01/2002 | Central United Life Insurance Company | AR | QA/I | STD I | (892) | 1,741 | 36,650 | | | | |
| 62359 | 36-1824600 | 11/01/2002 | Constitution Life Insurance Company | TX | QA/I | MS | 1,944,352 | 283,629 | 261,581 | | | | |
| 26921 | 22-2005057 | 08/01/2005 | Everest Reinsurance Company | DE | OTH/G | A | 174 | 12,491 | | | | | |
| 70939 | 13-2611847 | 01/01/2005 | Gerber Life Insurance Company | NY | OTH/G | SLEL | 3,355,369 | | | | | | |
| 88340 | 59-2859797 | 01/01/2011 | Hannover Life Re | FL | QA/G | SLEL | 11,819,982 | | | | | | |
| 65676 | 35-0472300 | 02/01/1984 | Lincoln National Life Insurance Co | IN | QA/I | STD I | | | 313,869 | | | | |
| 11054 | 43-1898350 | 01/01/2018 | Maiden Reinsurance North America Inc | MO | QA/G | OH | 16,872,478 | | | | | | |
| 38636 | 13-3031176 | 04/01/2012 | Partner Reinsurance Co of the US | NY | QA/G | OH | 4,147 | 137 | | | | | |
| 68209 | 62-0506281 | 07/01/1991 | Provident Life & Casualty Insurance Company | TN | QA/I | STD I | 341,959 | | 20,594,795 | | | | |
| 68381 | 36-0883760 | 04/01/2010 | Reliance Standard Life Ins Co | IL | QA/G | LTD I | 3,301 | | | | | | |
| 93572 | 43-1235868 | 05/01/2015 | RGA Reinsurance Company | MO | QA/G | SLEL | 11,426 | | | | | | |
| 82627 | 06-0839705 | 05/01/1987 | Swiss Re Life and Health America Inc | MO | QA/G | OH | | | 7,034 | | | | |
| 82627 | 06-0839705 | 05/01/1977 | Swiss Re Life and Health America Inc | MO | OTH/G | OH | | | 637 | | | | |
| 19453 | 13-5616275 | 04/01/2019 | Transatlantic Reinsurance Company | NY | CO/G | OH | 523,242 | | | | | | |
| 61425 | 36-0792925 | 05/01/1987 | Trustmark Insurance Co (Mutual) | IL | QA/I | STD I | 5,700 | | | | | | |
| 62596 | 31-0252460 | 11/12/1982 | Union Fidelity Life Ins Co | KS | QA/I | STD I | (483) | 5,675 | | | | | |
| 21113 | 13-5459190 | 04/01/2019 | United States Fire Insurance Company | DE | CO/G | OH | 508,544 | (25) | | | | | |
| 40827 | 36-3186541 | 10/01/2017 | Virginia Surety Company Inc | IL | QA/G | OH | 43,051 | | | | | | |
| 70335 | 94-0971150 | 01/01/1994 | West Coast Life Ins Company | NE | OTH/G | OH | | | (43,558) | | | | |
| 20583 | 13-1290712 | 05/01/2016 | XL Reinsurance America, Inc. | NY | QA/G | OH | 37,862 | 82 | | | | | |
| 0899999 | General Account - Authorized U.S. Non-Affiliates | | | | | | 56,967,588 | 313,653 | 22,515,305 | | | | |
| 00000 | AA-3160157 | 01/01/2019 | Black Sands Reinsurance | BRB | QA/G | OH | 8,388,422 | | | | | | |
| 00000 | AA-3770280 | 01/01/2016 | Greenlight Reinsurance, Ltd. | CYM | QA/G | OH | 2,742,214 | | | | | | |
| 00000 | AA-1126033 | 12/01/2004 | Lloyds Syndicate #0033 | GBR | QA/G | SLEL | 108,942 | | | | | | |
| 00000 | AA-1126033 | 12/01/2004 | Lloyds Syndicate #0033 | GBR | QA/G | OH | 283,857 | 9 | | | | | |
| 00000 | AA-1126457 | 12/01/2006 | Lloyds Syndicate #0457 | GBR | QA/G | SLEL | 37,000 | | | | | | |
| 00000 | AA-1126457 | 12/01/2006 | Lloyds Syndicate #0457 | GBR | QA/G | OH | 96,498 | 3 | | | | | |
| 00000 | AA-1126510 | 12/01/2004 | Lloyds Syndicate #0510 | GBR | QA/G | SLEL | 108,942 | | | | | | |
| 00000 | AA-1126510 | 12/01/2004 | Lloyds Syndicate #0510 | GBR | QA/G | OH | 283,857 | 9 | | | | | |
| 00000 | AA-1126780 | 12/01/2014 | Lloyds Syndicate #0780 | GBR | QA/G | OH | (7,402) | 14 | | | | | |
| 00000 | AA-1126958 | 04/01/2014 | Lloyds Syndicate #0958 | GBR | QA/G | OH | (523) | | | | | | |
| 00000 | AA-1127183 | 01/01/2005 | Lloyds Syndicate #1183 | GBR | QA/G | OH | (5,226) | | | | | | |
| 00000 | AA-1127200 | 01/01/2010 | Lloyds Syndicate #1200 | GBR | QA/G | SLEL | 22,610 | | | | | | |
| 00000 | AA-1127200 | 01/01/2010 | Lloyds Syndicate #1200 | GBR | QA/G | OH | 59,025 | 2 | | | | | |
| 00000 | AA-1127206 | 04/01/2010 | Lloyds Syndicate #1206 | GBR | QA/G | SLEL | 41,624 | | | | | | |
| 00000 | AA-1127206 | 04/01/2010 | Lloyds Syndicate #1206 | GBR | QA/G | OH | 111,644 | (3) | | | | | |
| 00000 | AA-1127861 | 12/01/2012 | Lloyds Syndicate #1861 | GBR | QA/G | OH | (3,136) | | | | | | |
| 00000 | AA-1128001 | 01/01/2005 | Lloyds Syndicate #2001 | GBR | QA/G | SLEL | 51,388 | | | | | | |
| 00000 | AA-1128001 | 01/01/2005 | Lloyds Syndicate #2001 | GBR | QA/G | OH | 133,969 | 4 | | | | | |
| 00000 | AA-1128003 | 05/01/2016 | Lloyds Syndicate #2003 | GBR | QA/G | OH | (7,402) | 14 | | | | | |
| 00000 | AA-1120104 | 12/01/2011 | Lloyds Syndicate #2012 | GBR | QA/G | SLEL | 22,610 | | | | | | |
| 00000 | AA-1120104 | 12/01/2011 | Lloyds Syndicate #2012 | GBR | QA/G | OH | 59,025 | 2 | | | | | |
| 00000 | AA-1128488 | 12/01/2004 | Lloyds Syndicate #2488 | GBR | QA/G | OH | (5,226) | | | | | | |
| 00000 | AA-1128987 | 12/01/2004 | Lloyds Syndicate #2987 | GBR | QA/G | OH | (14,804) | 29 | | | | | |
| 00000 | AA-1120055 | 03/01/2010 | Lloyds Syndicate #3623 | GBR | QA/G | SLEL | 54,984 | | | | | | |
| 00000 | AA-1120055 | 03/01/2010 | Lloyds Syndicate #3623 | GBR | QA/G | OH | 135,933 | 19 | | | | | |
| 00000 | AA-1120075 | 12/01/2006 | Lloyds Syndicate #4020 | GBR | QA/G | SLEL | 108,942 | | | | | | |
| 00000 | AA-1120075 | 12/01/2006 | Lloyds Syndicate #4020 | GBR | QA/G | OH | 282,130 | 13 | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 of Reinsurance Ceded | 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 | | |
| 00000 | ..AA-1126004 | 12/01/2006 | Lloyds Syndicate #4444 | GBR | ..QA/G | ..SLEL | 19,014 | | | | | | |
| 00000 | ..AA-1126004 | 12/01/2006 | Lloyds Syndicate #4444 | GBR | ..QA/G | ..OH | 50,181 | 1 | | | | | |
| 00000 | ..AA-1126006 | 01/01/2005 | Lloyds Syndicate #4472 | GBR | ..QA/G | ..SLEL | 108,942 | | | | | | |
| 00000 | ..AA-1126006 | 01/01/2005 | Lloyds Syndicate #4472 | GBR | ..QA/G | ..OH | 283,857 | 9 | | | | | |
| 00000 | ..AA-1120090 | 05/01/2016 | Lloyds Syndicate #4711 | GBR | ..QA/G | ..OH | (1,974) | 4 | | | | | |
| 00000 | ..AA-1126003 | 08/01/2008 | Lloyds Syndicate #5000 | GBR | ..QA/G | ..SLEL | 75,538 | | | | | | |
| 00000 | ..AA-1126003 | 08/01/2008 | Lloyds Syndicate #5000 | GBR | ..QA/G | ..OH | 199,684 | 1 | | | | | |
| 00000 | ..AA-1120080 | 11/17/2017 | Lloyd's Syndicate 5151 | GBR | ..QA/G | ..OH | 175 | 6 | | | | | |
| 00000 | ..AA-3194213 | 10/01/2012 | Roundstone Insurance | BMU | ..OTH/G | ..SLEL | 82,551,238 | | | | | | |
| 00000 | ..AA-1121468 | 12/01/2017 | Trident Insurance Company Ltd | GBR | ..QA/G | ..OH | 179,655 | 188 | | | | | |
| 0999999 | General Account - Authorized Non-U.S. Non-Affiliates | | | | | | 96,556,207 | 325 | | | | | |
| 1099999 | Total General Account - Authorized Non-Affiliates | | | | | | 153,523,796 | 313,978 | 22,515,305 | | | | |
| 1199999 | Total General Account Authorized | | | | | | 417,112,163 | 313,978 | 22,515,305 | | | | 12,358,819 |
| 1499999 | Total General Account - Unauthorized U.S. Affiliates | | | | | | | | | | | | |
| 1799999 | Total General Account - Unauthorized Non-U.S. Affiliates | | | | | | | | | | | | |
| 1899999 | Total General Account - Unauthorized Affiliates | | | | | | | | | | | | |
| 00000 | ..45-2207399 | 06/01/2014 | Fringe Re, LLC | MT | ..QA/G | ..SLEL | 2,086,118 | | | | | | |
| 1999999 | General Account - Unauthorized U.S. Non-Affiliates | | | | | | 2,086,118 | | | | | | |
| 00000 | ..AA-0055586 | 09/01/2019 | Bean Reinsurance Company | TCA | ..QA/G | ..STD1 | 5,182,694 | 5,346,410 | 799,789 | | | | |
| 2099999 | General Account - Unauthorized Non-U.S. Non-Affiliates | | | | | | 5,182,694 | 5,346,410 | 799,789 | | | | |
| 2199999 | Total General Account - Unauthorized Non-Affiliates | | | | | | 7,268,812 | 5,346,410 | 799,789 | | | | |
| 2299999 | Total General Account Unauthorized | | | | | | 7,268,812 | 5,346,410 | 799,789 | | | | |
| 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 | | | | | | | | | | | | |
| 3699999 | Total General Account - Reciprocal Jurisdiction U.S. Affiliates | | | | | | | | | | | | |
| 3999999 | Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates | | | | | | | | | | | | |
| 4099999 | Total General Account - Reciprocal Jurisdiction Affiliates | | | | | | | | | | | | |
| 4399999 | Total General Account - Reciprocal Jurisdiction Non-Affiliates | | | | | | | | | | | | |
| 4499999 | Total General Account Reciprocal Jurisdiction | | | | | | | | | | | | |
| 4599999 | Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | 424,380,975 | 5,660,388 | 23,315,094 | | | | 12,358,819 |
| 4899999 | Total Separate Accounts - Authorized U.S. Affiliates | | | | | | | | | | | | |
| 5199999 | Total Separate Accounts - Authorized Non-U.S. Affiliates | | | | | | | | | | | | |
| 5299999 | Total Separate Accounts - Authorized Affiliates | | | | | | | | | | | | |
| 5599999 | Total Separate Accounts - Authorized Non-Affiliates | | | | | | | | | | | | |
| 5699999 | Total Separate Accounts Authorized | | | | | | | | | | | | |
| 5999999 | Total Separate Accounts - Unauthorized U.S. Affiliates | | | | | | | | | | | | |
| 6299999 | Total Separate Accounts - Unauthorized Non-U.S. Affiliates | | | | | | | | | | | | |
| 6399999 | Total Separate Accounts - Unauthorized Affiliates | | | | | | | | | | | | |
| 6699999 | Total Separate Accounts - Unauthorized Non-Affiliates | | | | | | | | | | | | |
| 6799999 | Total Separate Accounts Unauthorized | | | | | | | | | | | | |
| 7099999 | Total Separate Accounts - Certified U.S. Affiliates | | | | | | | | | | | | |
| 7399999 | Total Separate Accounts - Certified Non-U.S. Affiliates | | | | | | | | | | | | |
| 7499999 | Total Separate Accounts - Certified Affiliates | | | | | | | | | | | | |
| 7799999 | Total Separate Accounts - Certified Non-Affiliates | | | | | | | | | | | | |
| 7899999 | Total Separate Accounts Certified | | | | | | | | | | | | |
| 8199999 | Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates | | | | | | | | | | | | |
| 8499999 | Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates | | | | | | | | | | | | |
| 8599999 | Total Separate Accounts - Reciprocal Jurisdiction Affiliates | | | | | | | | | | | | |
| 8899999 | Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates | | | | | | | | | | | | |
| 8999999 | Total Separate Accounts Reciprocal Jurisdiction | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 of Reinsurance Ceded | 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 | | |
| 9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified | | | | | | | | | | | | | |
| 9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999) | | | | | | | 322,642,073 | 313,653 | 22,515,305 | | | | 12,358,819 |
| 9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999) | | | | | | | 101,738,901 | 5,346,735 | 799,789 | | | | |
| 9999999 - Totals | | | | | | | 424,380,975 | 5,660,388 | 23,315,094 | | | | 12,358,819 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | | | | | |
| ...0000 ... AA-3190878 ... 07/01/2002 Wilton Reinsurance Bermuda Ltd | | | | 1,096,744 | | | 1,096,744 | 1,035,000 | 0001 | | | | | 1,035,000 |
| 0999999. General Account - Life and Annuity Non-U.S. Non-Affiliates | | | | 1,096,744 | | | 1,096,744 | 1,035,000 | XXX | | | | | 1,035,000 |
| 1099999. Total General Account - Life and Annuity Non-Affiliates | | | | 1,096,744 | | | 1,096,744 | 1,035,000 | XXX | | | | | 1,035,000 |
| 1199999. Total General Account Life and Annuity | | | | 1,096,744 | | | 1,096,744 | 1,035,000 | XXX | | | | | 1,035,000 |
| 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 | | | | | |
| ...0000 ... 45-2207399 ... 06/01/2014 Fringe Re, LLC | | | | 783,495 | | | 783,495 | 804,152 | 0002 | | | | | 783,495 |
| 1999999. General Account - Accident and Health U.S. Non-Affiliates | | | | 783,495 | | | 783,495 | 804,152 | XXX | | | | | 783,495 |
| ...0000 ... 98-1502043 ... 01/01/2019 Black Sands Reinsurance | | | | 2,580,172 | | | 2,580,172 | | | 3,499,761 | | | | 2,580,172 |
| ...0000 ... AA-3770280 ... 01/01/2016 Greenlight Reinsurance, Ltd. | | | | 573,730 | | | 573,730 | 1,507,991 | 0003 | | | | | 573,730 |
| ...0000 ... AA-3194213 ... 10/01/2012 Roundstone Insurance | | | | 12,751,023 | | | 12,751,023 | | | 18,722,855 | | | | 12,751,023 |
| 2099999. General Account - Accident and Health Non-U.S. Non-Affiliates | | | | | 15,904,925 | | 15,904,925 | 1,507,991 | XXX | 22,222,616 | | | | 15,904,925 |
| 2199999. Total General Account - Accident and Health Non-Affiliates | | | | | 16,688,420 | | 16,688,420 | 2,312,143 | XXX | 22,222,616 | | | | 16,688,420 |
| 2299999. Total General Account Accident and Health | | | | | 16,688,420 | | 16,688,420 | 2,312,143 | XXX | 22,222,616 | | | | 16,688,420 |
| 2399999. Total General Account | | | | 1,096,744 | 16,688,420 | | 17,785,164 | 3,347,143 | XXX | 22,222,616 | | | | 17,723,420 |
| 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) | | | | | 783,495 | | 783,495 | 804,152 | XXX | | | | | 783,495 |
| 3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999) | | | | 1,096,744 | 15,904,925 | | 17,001,669 | 2,542,991 | XXX | 22,222,616 | | | | 16,939,925 |
| 9999999 - Totals | | | | 1,096,744 | 16,688,420 | | 17,785,164 | 3,347,143 | XXX | 22,222,616 | | | | 17,723,420 |

| (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 |
|------------|---|---------------------------------|--|---------------------------------|-----------------------------|
| 0001 | 1..... | 11025013 | Wells Fargo Bank, N.A. | | 1,035,000 |
| 0002 | 1..... | 111907940 | Horizon Bank, SSB | | 804,152 |
| 0003 | 1..... | 021000089 | Citibank New York | | 1,507,991 |

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE S - PART 6Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

| | 1 2022 | 2 2021 | 3 2020 | 4 2019 | 5 2018 |
|--|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums and annuity considerations for life and accident and health contracts | 1,212,689 | 1,199,713 | 1,208,638 | 1,111,293 | 1,018,120 |
| 2. Commissions and reinsurance expense allowances | 141,863 | 119,751 | 115,074 | 81,953 | 80,082 |
| 3. Contract claims | 472,751 | 437,176 | 436,812 | 446,209 | 398,992 |
| 4. Surrender benefits and withdrawals for life contracts | 36,534 | 42,484 | 38,037 | 43,608 | 53,865 |
| 5. Dividends to policyholders and refunds to members | 149 | 448 | 731 | 749 | 761 |
| 6. Reserve adjustments on reinsurance ceded | (15,759) | (10,594) | (3,744) | 1,506 | (11,109) |
| 7. Increase in aggregate reserve for life and accident and health contracts | 165,444 | (55,349) | (233,555) | (392,868) | 437,600 |
| B. BALANCE SHEET ITEMS | | | | | |
| 8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected | 23,361 | 27,655 | 25,392 | 27,355 | 22,922 |
| 9. Aggregate reserves for life and accident and health contracts | 626,727 | 460,912 | 516,828 | 748,634 | 1,142,542 |
| 10. Liability for deposit-type contracts | 22 | 23 | 24 | 34 | 49 |
| 11. Contract claims unpaid | 43,197 | 82,142 | 69,637 | 62,415 | 42,958 |
| 12. Amounts recoverable on reinsurance | 5,991 | 9,342 | 9,477 | 7,846 | 16,600 |
| 13. Experience rating refunds due or unpaid | 2 | 729 | 542 | 583 | 54 |
| 14. Policyholders' dividends and refunds to members (not included in Line 10) | | | | | |
| 15. Commissions and reinsurance expense allowances due | 276 | 241 | 379 | 488 | 882 |
| 16. Unauthorized reinsurance offset | 62 | 1,096 | 189 | 826 | 132 |
| 17. Offset for reinsurance with Certified Reinsurers | | | | | |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 18. Funds deposited by and withheld from (F) | | | | | |
| 19. Letters of credit (L) | 3,347 | 11,967 | 15,643 | 10,100 | 6,700 |
| 20. Trust agreements (T) | 22,223 | 18,159 | 22,206 | 23,250 | 21,846 |
| 21. Other (O) | | | | | |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 22. Multiple Beneficiary Trust | | | | | |
| 23. Funds deposited by and withheld from (F) | | | | | |
| 24. Letters of credit (L) | | | | | |
| 25. Trust agreements (T) | | | | | |
| 26. Other (O) | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2022 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) | 57,047,471,577 | | 57,047,471,577 |
| 2. Reinsurance (Line 16) | 13,673,560 | (13,673,560) | |
| 3. Premiums and considerations (Line 15) | 56,816,591 | 23,361,248 | 80,177,839 |
| 4. Net credit for ceded reinsurance | XXX | 210,620,152 | 210,620,152 |
| 5. All other admitted assets (balance) | 1,482,475,912 | | 1,482,475,912 |
| 6. Total assets excluding Separate Accounts (Line 26) | 58,600,437,640 | 220,307,840 | 58,820,745,480 |
| 7. Separate Account assets (Line 27) | 102,807,850,581 | | 102,807,850,581 |
| 8. Total assets (Line 28) | 161,408,288,221 | 220,307,840 | 161,628,596,061 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. Contract reserves (Lines 1 and 2) | 41,525,357,326 | 626,616,301 | 42,151,973,627 |
| 10. Liability for deposit-type contracts (Line 3) | 4,189,483,393 | (23,672) | 4,189,459,721 |
| 11. Claim reserves (Line 4) | 176,204,238 | 43,196,920 | 219,401,158 |
| 12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) | 30,853,020 | | 30,853,020 |
| 13. Premium & annuity considerations received in advance (Line 8) | 2,954,627 | | 2,954,627 |
| 14. Other contract liabilities (Line 9) | 451,034,312 | (449,419,965) | 1,614,347 |
| 15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) | 61,744 | (61,744) | |
| 16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) | | | |
| 17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) | | | |
| 18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) | | | |
| 19. All other liabilities (balance) | 2,029,127,032 | | 2,029,127,032 |
| 20. Total liabilities excluding Separate Accounts (Line 26) | 48,405,075,692 | 220,307,840 | 48,625,383,532 |
| 21. Separate Account liabilities (Line 27) | 102,807,850,581 | | 102,807,850,581 |
| 22. Total liabilities (Line 28) | 151,212,926,273 | 220,307,840 | 151,433,234,113 |
| 23. Capital & surplus (Line 38) | 10,195,361,948 | XXX | 10,195,361,948 |
| 24. Total liabilities, capital & surplus (Line 39) | 161,408,288,221 | 220,307,840 | 161,628,596,061 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 25. Contract reserves | 626,616,301 | | |
| 26. Claim reserves | 43,196,920 | | |
| 27. Policyholder dividends/reserves | | | |
| 28. Premium & annuity considerations received in advance | | | |
| 29. Liability for deposit-type contracts | (23,672) | | |
| 30. Other contract liabilities | (449,419,965) | | |
| 31. Reinsurance ceded assets | 13,673,560 | | |
| 32. Other ceded reinsurance recoverables | | | |
| 33. Total ceded reinsurance recoverables | 234,043,144 | | |
| 34. Premiums and considerations | 23,361,248 | | |
| 35. Reinsurance in unauthorized companies | 61,744 | | |
| 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 | 23,422,992 | | |
| 41. Total net credit for ceded reinsurance | 210,620,152 | | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 12,563,053 | 152,344,412 | 925 | | | 164,908,390 |
| 2. Alaska | AK | 199,575 | 10,263,997 | | | | 10,463,572 |
| 3. Arizona | AZ | 37,716,083 | 553,972,365 | 12,957 | | | 591,701,405 |
| 4. Arkansas | AR | 4,502,081 | 47,265,452 | | | | 51,767,533 |
| 5. California | CA | 190,771,552 | 1,289,472,286 | 594 | | | 1,480,244,432 |
| 6. Colorado | CO | 40,006,464 | 236,491,986 | | | | 276,498,450 |
| 7. Connecticut | CT | 59,889,113 | 272,327,820 | | | | 332,216,933 |
| 8. Delaware | DE | 507,574,659 | 32,830,734 | | | | 540,405,393 |
| 9. District of Columbia | DC | 737,975 | 15,804,977 | 33 | | | 16,542,985 |
| 10. Florida | FL | 193,616,638 | 1,327,927,895 | 810 | | | 1,521,545,343 |
| 11. Georgia | GA | 67,640,779 | 196,446,681 | 5,858 | | | 264,093,318 |
| 12. Hawaii | HI | 3,028,789 | 43,631,042 | | | | 46,659,831 |
| 13. Idaho | ID | 1,088,798 | 44,643,097 | 1 | | | 45,731,896 |
| 14. Illinois | IL | 126,173,647 | 452,498,042 | 507 | | | 578,672,196 |
| 15. Indiana | IN | 52,499,465 | 225,442,662 | 5,481 | | | 277,947,608 |
| 16. Iowa | IA | 43,961,013 | 102,093,476 | 619 | | | 146,055,108 |
| 17. Kansas | KS | 11,426,795 | 83,037,081 | 995 | | | 94,464,871 |
| 18. Kentucky | KY | 12,174,501 | 86,404,527 | 385 | | | 98,579,413 |
| 19. Louisiana | LA | 7,256,739 | 109,183,436 | 2 | | | 116,440,177 |
| 20. Maine | ME | 2,369,220 | 40,452,312 | | | | 42,821,532 |
| 21. Maryland | MD | 22,575,663 | 264,308,040 | 294 | | | 286,883,997 |
| 22. Massachusetts | MA | 42,282,097 | 405,992,932 | | | | 448,275,029 |
| 23. Michigan | MI | 20,147,940 | 309,879,769 | 3,122 | | | 330,030,831 |
| 24. Minnesota | MN | 185,331,057 | 153,792,364 | 796 | | | 339,124,217 |
| 25. Mississippi | MS | 3,831,464 | 63,008,478 | 16 | | | 66,839,958 |
| 26. Missouri | MO | 41,307,137 | 116,100,886 | | | | 157,408,023 |
| 27. Montana | MT | 855,580 | 24,152,432 | 3 | | | 25,008,015 |
| 28. Nebraska | NE | 2,095,005 | 46,792,552 | (495) | | | 48,887,062 |
| 29. Nevada | NV | 4,971,301 | 67,242,160 | 1 | | | 72,213,462 |
| 30. New Hampshire | NH | 3,571,516 | 73,253,033 | 3 | | | 76,824,552 |
| 31. New Jersey | NJ | 709,325,526 | 409,009,838 | 1,149 | | | 1,118,336,513 |
| 32. New Mexico | NM | 377,140 | 27,911,066 | 48 | | | 28,288,254 |
| 33. New York | NY | 402,296,892 | 1,187,660,817 | 391,159 | | | 1,590,348,868 |
| 34. North Carolina | NC | 126,536,010 | 230,606,889 | 13,312 | | | 357,156,211 |
| 35. North Dakota | ND | 21,836,543 | 25,055,563 | 1 | | | 46,892,107 |
| 36. Ohio | OH | 66,847,325 | 432,395,838 | 9,601 | | 10,272,116,331 | 10,771,369,095 |
| 37. Oklahoma | OK | 1,414,131 | 108,629,852 | 361 | | | 110,044,344 |
| 38. Oregon | OR | 8,765,478 | 99,451,043 | | | | 108,216,521 |
| 39. Pennsylvania | PA | 185,861,787 | 505,859,218 | 2,731 | | | 691,723,736 |
| 40. Rhode Island | RI | 5,984,286 | 57,793,268 | 1 | | | 63,777,555 |
| 41. South Carolina | SC | 18,415,992 | 95,588,255 | 3 | | | 114,004,250 |
| 42. South Dakota | SD | 342,741 | 17,846,113 | | | | 18,188,854 |
| 43. Tennessee | TN | 22,838,931 | 154,498,913 | 472 | | | 177,338,316 |
| 44. Texas | TX | 103,234,695 | 695,840,927 | 6,787 | | | 799,082,409 |
| 45. Utah | UT | 6,006,975 | 49,456,437 | 9,593 | | | 55,473,005 |
| 46. Vermont | VT | 1,198,435 | 27,442,773 | 18,001 | | | 28,659,209 |
| 47. Virginia | VA | 33,330,622 | 203,606,126 | | | | 236,936,748 |
| 48. Washington | WA | 7,039,631 | 242,900,439 | 1 | | | 249,940,071 |
| 49. West Virginia | WV | 9,605,962 | 49,409,645 | 12 | | | 59,015,619 |
| 50. Wisconsin | WI | 19,794,969 | 190,614,651 | | | | 210,409,620 |
| 51. Wyoming | WY | 738,796 | 9,958,832 | 1,712 | | | 10,699,340 |
| 52. American Samoa | AS | 35,604 | | | | | 35,604 |
| 53. Guam | GU | 139 | 68,522 | | | | 68,661 |
| 54. Puerto Rico | PR | 236,433 | 133,202,898 | | | | 133,439,331 |
| 55. U.S. Virgin Islands | VI | 17,216 | 609,608 | | | | 626,824 |
| 56. Northern Mariana Islands | MP | | | | | | |
| 57. Canada | CAN | 48,326 | 1,115,153 | | | | 1,163,479 |
| 58. Aggregate Other Alien | OT | 557,164 | 22,676,657 | | | | 23,233,821 |
| 59. Total | | 3,454,853,448 | 11,826,266,267 | 487,851 | | 10,272,116,331 | 25,553,723,897 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 16 |
|------------|------------------|-------------------|------------|--------------|-----|--|---|------------------------|------------------------------------|--|--|--|--|--------------------------------------|----|
| 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 | Domi-ciliary Loca-tion | Rela-tion-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| .0140 | Nationwide | | 31-1486309 | | | 10 W. Nationwide, LLC | | .OH.... | .NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 1000 Yard Street, LLC | | .OH.... | .NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 1015 Long Street, LLC | | .OH.... | .NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 1050 Yard Street, LLC | | .OH.... | .NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 1125 Rail Street, LLC | | .OH.... | .NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1733036 | | | 120 Acre Partners, LLC | | .DE.... | .NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | .95.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | 1 |
| .0140 | Nationwide | | 20-4939866 | | | 1125 Yard Street, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939867 | | | 1175 Bobcat, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 26-2451988 | | | 1492 Capital, LLC | | .OH.... | .NIA.... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 111 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 155 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 161 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1580283 | | | 170 Marconi, LLC | | .OH.... | .NIA.... | NID Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1580283 | | | 245 Parks Edge Place, LLC | | .OH.... | .NIA.... | NID Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 275 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 300 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 310 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 343 N. Front, LLC | | .OH.... | .NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 400 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1580283 | | | 400 West Nationwide Boulevard, LLC | | .OH.... | .NIA.... | NID Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 410 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1580283 | | | 425 West Nationwide Boulevard, LLC | | .OH.... | .NIA.... | NID Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 44 Chestnut, LLC | | .OH.... | .NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 38-4118665 | | | 500 Neil Avenue, LLC | | .OH.... | .NIA.... | NID HP, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 38-4118665 | | | 515 Kilbourne Street, LLC | | .OH.... | .NIA.... | NID HP, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 87-1954007 | | | 525 Cleveland Avenue, LLC | | .OH.... | .NIA.... | Nationwide Financial Services, Inc. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | 75 Rivulon Boulevard, LLC | | .OH.... | .NIA.... | NRI-Rivulon, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 775 Yard Street, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 777 Swan Street, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 780 Yard Street, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 795 Rail Street, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 800 Bobcat Avenue, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 800 Goodale Boulevard, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 800 Yard Street, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 805 Bobcat Avenue, LLC | | .OH.... | .NIA.... | GYY Residential, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 808 Yard Street, LLC | | .OH.... | .NIA.... | GYY Residential, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 820 Goodale Boulevard, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 822 Williams Avenue, LLC | | .OH.... | .NIA.... | GYY Residential, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 825 Junction Way, LLC | | .OH.... | .NIA.... | GYY Residential, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 828 Bobcat Avenue, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 840 Third Avenue, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 840 Yard Street, LLC | | .OH.... | .NIA.... | GYY Residential, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 845 Yard Street, LLC | | .OH.... | .NIA.... | GYY Residential, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 855 Third Avenue, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 860 Third Avenue, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 880 Third Avenue, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 880 Yard Street, LLC | | .OH.... | .NIA.... | GYY Residential, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 895 W. Third Avenue, LLC | | .OH.... | .NIA.... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |
| .0140 | Nationwide | | 20-4939866 | | | 950 Dorchester Way, LLC | | .OH.... | .NIA.... | GYY Residential, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company ... | ...NO.... | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 16 |
|------------|---|-------------------|------------|--------------|-------|--|---|------------------------|---|--|--|--|--|--------------------------------------|----|
| 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 | Domi-ciliary Loca-tion | Rela-tionship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| .0140 | Nationwide ..... | ..... | 20-4939866 | ..... | ..... | 950 Goodale Boulevard, LLC | .. OH.... | NIA..... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | 960 Bobcat Avenue, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | 975 Rail Street, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | 995 Yard Street, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | 18615 Claret Drive, LLC | .. OH.... | NIA..... | NRI Cavasson, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | 18655 Claret Drive, LLC | .. OH.... | NIA..... | NRI Cavasson, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | 18700 Hayden Road, LLC | .. OH.... | NIA..... | NRI Cavasson, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | 18750 Hayden Road, LLC | .. OH.... | NIA..... | NRI Cavasson, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1580283 | ..... | ..... | AD DORA, LLC | .. OH.... | NIA..... | NID Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1580283 | ..... | ..... | ADTV, LLC | .. OH.... | NIA..... | NID Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 52-2227314 | ..... | ..... | AGMC Reinsurance, Ltd. | . TCA | NIA..... | Nationwide Advantage Mortgage Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | 10127 | 27-0114983 | ..... | ..... | ALLIED Insurance Company of America | .. OH.... | IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| | ALLIED Property and Casualty Insurance Company | | | | | | | | | | | | | | |
| .0140 | Nationwide | 42579 | 42-1201931 | ..... | ..... | ..... | .. IA.... | IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 42-1527863 | ..... | ..... | ALLIED Texas Agency, Inc. | . TX | IA..... | AMCO Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | 19100 | 42-6054959 | ..... | ..... | AMCO Insurance Company | .. IA.... | IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 59-1031596 | ..... | ..... | American Marine Underwriters, Inc. | . FL | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 81-4532504 | ..... | ..... | American Tax Credit Fund 2017-A, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 82-2001573 | ..... | ..... | American Tax Credit Fund 2017-B, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 82-4519498 | ..... | ..... | American Tax Credit Fund 2018-A, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 83-0606592 | ..... | ..... | American Tax Credit Fund 2018-B, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 83-0620232 | ..... | ..... | American Tax Credit Fund 2018-C, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 83-3900532 | ..... | ..... | American Tax Credit Fund 2019-A, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 83-3953721 | ..... | ..... | American Tax Credit Fund 2019-B, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 84-3443067 | ..... | ..... | American Tax Credit Fund 2020-A, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 85-2359702 | ..... | ..... | American Tax Credit Fund 2020-B, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| | American Tax Credit Fund 2021-A, LLC (fka | | | | | | | | | | | | | | |
| .0140 | Nationwide ..... | ..... | 85-2649655 | ..... | ..... | American Tax Credit Fund 2020-C, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 86-2502912 | ..... | ..... | American Tax Credit Fund 2021-B, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 87-1349942 | ..... | ..... | American Tax Credit Fund 2021-C, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 87-4753681 | ..... | ..... | American Tax Credit Fund 2022-A, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 87-4771309 | ..... | ..... | American Tax Credit Fund 2022-B, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 92-1389304 | ..... | ..... | American Tax Credit Fund 2023-A, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1580283 | ..... | ..... | Arena District CA I, LLC | .. OH.... | NIA..... | NID Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| | Arena District Owners Association | | | | | | | | | | | | | | |
| .0140 | Nationwide ..... | ..... | 90-0280710 | ..... | ..... | Other non-Nationwide | .. OTH | n/a | Other non-Nationwide | contract | 0.00 ... | Other non-Nationwide | ... NO | 2 | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | Cavasson Hotel, LLC | .. OH.... | NIA..... | Cavasson Hotel Holdings, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | Cavasson Hotel Holdings, LLC | .. OH.... | NIA..... | NRI Cavasson, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 20-1618232 | ..... | ..... | CNRI-Cannonsport Condominium, LLC | .. OH.... | NIA..... | CNRI-Cannonsport, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 20-1618232 | ..... | ..... | CNRI-Cannonsport, LLC | .. OH.... | NIA..... | NRI-Cannonsport, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | 29262 | 74-1061659 | ..... | ..... | Colonial County Mutual Insurance Company | . TX | IA..... | Other non-Nationwide | contract | 0.00 ... | Other non-Nationwide | ... NO | 2 | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | Cottages at Hyatts LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | 18961 | 68-0066866 | ..... | ..... | Crestbrook Insurance Company | .. OH.... | IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | Crewville, Ltd. | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide ..... | ..... | 84-5052608 | ..... | ..... | Danforth, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | 42587 | 42-1207150 | ..... | ..... | Depositors Insurance Company | .. IA.... | IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| | Discover Affordable Housing Investment Fund I LLC | | | | | | | | | | | | | | |
| .0140 | Nationwide ..... | ..... | 46-4104813 | ..... | ..... | Other non-Nationwide | .. OTH | n/a | Other non-Nationwide | Other non-Nationwide | 0.00 ... | Other non-Nationwide | ... NO | 2 | |
| .0140 | Nationwide ..... | ..... | 33-0096671 | ..... | ..... | DVM Insurance Agency | . CA | NIA..... | Veterinary Pet Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | 15821 | 47-4523959 | ..... | ..... | Eagle Captive Reinsurance, LLC | .. OH.... | IA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 16 |
|------------|------------------|-------------------|------------|--------------|-------|--|---|---|--|--|--|--|--|--------------------------------------|-------|
| 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 | Domi-ciliary Loca-tion | Rela-tion-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| .0140 | Nationwide ..... | ..... | 26-3260559 | ..... | ..... | E-Risk Services, L.L.C. | ..DE.....NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company |NO..... | ..... | ..... |  |
| .0140 | Nationwide | 22209 | 75-6013587 | ..... | ..... | Freedom Specialty Insurance Company | ..OH.....IA..... | Scottsdale Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company |NO..... | ..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 20-4939866 | ..... | ..... | Grandview Yard Hotel Holdings, LLC | ..OH..... | NIA..... | NRI Equity Land Investments, LLC | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company |NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 20-4939866 | ..... | ..... | Grandview Yard Hotel, LLC | ..OH..... | NIA..... | Grandview Yard Hotel Holdings, LLC | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company |NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 20-4939866 | ..... | ..... | GVY Residential, LLC | ..OH..... | NIA..... | NRI Equity Land Investments, LLC | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company |NO..... | ..... |  |
| .0140 | Nationwide | 23582 | 41-0417250 | ..... | ..... | Harleysville Insurance Company | ..OH.....IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company |NO..... | ..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 42900 | 23-2253669 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 10674 | 23-2864924 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 14516 | 38-3198542 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 35696 | 23-2384978 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 26182 | 04-1989660 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 20-3289512 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 64017 | 75-0300900 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 15727 | 47-1180302 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 74-1395229 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 11991 | 38-0865250 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 42-1154244 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 42-1154244 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 42-1154244 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 26093 | 48-0470690 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 47-1923444 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 28223 | 42-1015537 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-1578869 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 20-8670712 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 10723 | 95-0639970 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-1036287 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-4416546 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-4416546 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-1667326 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 23-2412039 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-6554353 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-1486670 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 52-6969857 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-1748721 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 31-0900518 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 23760 | 31-4425763 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 10070 | 31-1399201 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 25453 | 95-2130882 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide | 10948 | 31-1613686 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| .0140 | Nationwide ..... | ..... | 41-2206199 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

ANNUAL STATEMENT FOR THE YEAR 2022 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 Domestic- ciliary Loca- tion | 10 Rela- tionship 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 Percent- age | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Re- quired? (Yes/No) | 16 * |
|-----------------|------------------|------------------------|----------------|-------------------|----------|---|--|-----------------------------------|--|--|--|--|--|---|---------|
| .0140 | Nationwide | | 73-0988442 | | | | Nationwide Investment Services Corporation .. | ..OK.... | ..NIA.... | Nationwide Life Insurance Company | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...YES.... | |
| .0140 | Nationwide | 92657 | 31-1000740 | | | | Nationwide Life and Annuity Insurance Company | ..OH.... | ..IA.... | Nationwide Life Insurance Company | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | 66869 | 31-4156830 | | | | Nationwide Life Insurance Company | ..OH.... | ..RE.... | Nationwide Financial Services, Inc. | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | | 13-4212969 | | | | Nationwide Life Tax Credit Partners 2002-A, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 01-0749754 | | | | Nationwide Life Tax Credit Partners 2002-B, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 54-2113175 | | | | Nationwide Life Tax Credit Partners 2003-A, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 58-2672725 | | | | Nationwide Life Tax Credit Partners 2003-B, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 20-0382144 | | | | Nationwide Life Tax Credit Partners 2004-A, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 20-0745965 | | | | Nationwide Life Tax Credit Partners 2004-C, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 20-1918935 | | | | Nationwide Life Tax Credit Partners 2004-F, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 20-2303694 | | | | Nationwide Life Tax Credit Partners 2005-A, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 20-2303602 | | | | Nationwide Life Tax Credit Partners 2005-B, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 20-2450960 | | | | Nationwide Life Tax Credit Partners 2005-C, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 20-2774223 | | | | Nationwide Life Tax Credit Partners 2005-E, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 21-1288836 | | | | Nationwide Life Tax Credit Partners 2007-A, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 27-1362364 | | | | Nationwide Life Tax Credit Partners 2009-I, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 45-0469525 | | | | Nationwide Life Tax Credit Partners No. 1, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | 42110 | 75-1780981 | | | | Nationwide Lloyds | ..TX.... | ..IA.... | n/a | contract ..... | ..... | Nationwide Mutual Insurance Company | ...NO.... | 2 |
| .0140 | Nationwide | | 42-1373380 | | | | Nationwide Member Solutions Agency Inc.) | ..IA.... | ..NIA.... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | | 75-3191025 | | | | Nationwide Mutual Capital, LLC | ..OH.... | ..NIA.... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | 23779 | 31-4177110 | | | | Nationwide Mutual Fire Insurance Company | ..OH.... | ..IA.... | Other non-Nationwide | n/a ..... | ..... | Other non-Nationwide | ...NO.... | 2 |
| .0140 | Nationwide | 23787 | 31-4177100 | | | | Nationwide Mutual Insurance Company | ..OH.... | ..UIP.... | Other non-Nationwide | n/a ..... | ..... | Other non-Nationwide | ...NO.... | 2 |
| .0140 | Nationwide | | 34-2012765 | | | | Nationwide Private Equity Fund, LLC | ..OH.... | ..NIA.... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | 37877 | 31-0970750 | | | | Nationwide Property and Casualty Insurance Company | ..OH.... | ..IA.... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | | 31-1486309 | | | | Nationwide Realty Investors, Ltd. | ..OH.... | ..NIA.... | Nationwide Mutual Insurance Company | Ownership..... | 0.97000 ... | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 31-1486309 | | | | Nationwide Realty Investors, Ltd. | ..OH.... | ..NIA.... | Nationwide Indemnity Company | Ownership..... | 3.000 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 31-1486309 | | | | Nationwide Realty Management, LLC | ..OH.... | ..NIA.... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | | 73-0948330 | | | | Nationwide Realty Services, Ltd. | ..OH.... | ..NIA.... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | | 83-2250056 | | | | Nationwide Retirement Solutions, Inc. | ..DE.... | ..NIA.... | NFS Distributors, Inc. | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | | 36-2434406 | | | | Nationwide SBL, LLC | ..OH.... | ..NIA.... | Company | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | | 46-1952215 | | | | Nationwide Securities, LLC | ..OH.... | ..NIA.... | NFS Distributors, Inc. | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | |
| .0140 | Nationwide | | 46-1971926 | | | | Nationwide Tax Credit Partners 2013-A, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | 31-1592130 | 2729677 | | | Nationwide Tax Credit Partners 2013-B, LLC | ..OH.... | ..NIA.... | Nationwide Life Insurance Company | Other..... | 0.010 | Nationwide Mutual Insurance Company | ...NO.... | 1 |
| .0140 | Nationwide | | | | | | Nationwide Trust Company, FSB | ..US.... | ..OTH.... | Nationwide Financial Services, Inc. | Ownership..... | 100.000 ... | Nationwide Mutual Insurance Company | ...NO.... | 2 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 Domestic- ciliary Loca- tion | 10 Rela- tion- ship to Report- ing 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 Percent- age | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Re- quired? (Yes/No) | 16 * |
|-----------------|------------------|------------------------|----------------|-------------------|----------|---|--|---|--|--|--|---|--|--|---------|
| .0140 | Nationwide ..... | ..... | 20-5976272 | ..... | ..... | Nationwide Ventures, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-0871532 | ..... | ..... | NBS Insurance Agency, Inc. | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 85-4193218 | ..... | ..... | NCS Arizona, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 11-3651828 | ..... | ..... | ND La Quinta Partners, LLC | .. DE.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | .95.00 ... | Nationwide Mutual Insurance Company | NO..... | 1 | |
| .0140 | Nationwide ..... | ..... | 31-1630871 | ..... | ..... | NFS Distributors, Inc. | .. DE.... | NIA..... | Nationwide Financial Services, Inc. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 82-5195340 | ..... | ..... | NLIC REO Holdings, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 82-5194958 | ..... | ..... | NMIC REO Holdings, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 46-3762545 | ..... | ..... | NNOV8, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 20-4939866 | ..... | ..... | North of Third, LLC | .. OH.... | NIA..... | NRI Equity Land Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | NRI Arena, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | NRI Brookside, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | NRI Builders, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | NRI Cavasson, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | NRI Corporate Housing, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | NRI Cramer Creek, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 20-4939866 | ..... | ..... | NRI Equity Land Investments, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | .80.00 ... | Nationwide Mutual Insurance Company | NO..... | 1 | |
| .0140 | Nationwide ..... | ..... | 26-0212217 | ..... | ..... | NRI Equity Tampa, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | NRI Office Ventures, Ltd | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1580283 | ..... | ..... | NRI Telecom, LLC | .. OH.... | NIA..... | NRI Investments, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 31-1486309 | ..... | ..... | NRI-Rivulon, LLC | .. OH.... | NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 90-0729552 | ..... | ..... | NTCIF-2011, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | .50.00 ... | Nationwide Mutual Insurance Company | NO..... | 1 | |
| .0140 | Nationwide ..... | ..... | 90-0729552 | ..... | ..... | NTCIF-2011, LLC | .. OH.... | NIA..... | Nationwide Mutual Fire Insurance Company .. | Ownership..... | .50.00 ... | Nationwide Mutual Insurance Company | NO..... | 1 | |
| .0140 | Nationwide ..... | ..... | 27-4700627 | ..... | ..... | NTCP 2011-A, LLC | .. OH.... | OTH..... | Nationwide Life Insurance Company | Other..... | .010 ... | Nationwide Mutual Insurance Company | NO..... | 2 | |
| .0140 | Nationwide ..... | ..... | 46-0741029 | ..... | ..... | NTCP 2012-A, LLC | .. OH.... | OTH..... | Nationwide Life Insurance Company | Other..... | .010 ... | Nationwide Mutual Insurance Company | NO..... | 2 | |
| .0140 | Nationwide ..... | ..... | 46-3309896 | ..... | ..... | NTCP 2013-C, LLC | .. OH.... | OTH..... | Nationwide Life Insurance Company | Other..... | .010 ... | Nationwide Mutual Insurance Company | NO..... | 2 | |
| .0140 | Nationwide ..... | ..... | 46-4111078 | ..... | ..... | NTCP 2014-A, LLC | .. OH.... | OTH..... | Nationwide Life Insurance Company | Other..... | .010 ... | Nationwide Mutual Insurance Company | NO..... | 2 | |
| .0140 | Nationwide ..... | ..... | 47-1404116 | ..... | ..... | NTCP 2014-B, LLC | .. OH.... | OTH..... | Nationwide Life Insurance Company | Other..... | .010 ... | Nationwide Mutual Insurance Company | NO..... | 2 | |
| .0140 | Nationwide ..... | ..... | 47-1413242 | ..... | ..... | NTCP 2014-C, LLC | .. OH.... | OTH..... | Nationwide Life Insurance Company | Other..... | .010 ... | Nationwide Mutual Insurance Company | NO..... | 2 | |
| .0140 | Nationwide ..... | ..... | 47-3909345 | ..... | ..... | NTCP 2015-A, LLC | .. OH.... | OTH..... | Nationwide Life Insurance Company | Other..... | .010 ... | Nationwide Mutual Insurance Company | NO..... | 2 | |
| .0140 | Nationwide ..... | ..... | 47-4148470 | ..... | ..... | NTCP 2015-B, LLC | .. OH.... | OTH..... | Nationwide Life Insurance Company | Other..... | .010 ... | Nationwide Mutual Insurance Company | NO..... | 2 | |
| .0140 | Nationwide ..... | ..... | 81-3836925 | ..... | ..... | NTCP 2016-A, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 82-2015063 | ..... | ..... | NTCP 2017-A, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 84-1969518 | ..... | ..... | NW Fyrebyrd, LLC | .. OH.... | NIA..... | NNOV8, LLC | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 85-3363961 | ..... | ..... | NW Next, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 81-0936428 | ..... | ..... | NW Private Debt, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 26-1903919 | ..... | ..... | NW REI, LLC | .. DE.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 92-1294202 | ..... | ..... | NW-Adams, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 87-1087011 | ..... | ..... | NW-Asheville, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 84-3942108 | ..... | ..... | NW-Beloit, LLC | .. OH.... | NIA..... | Nationwide Mutual Fire Insurance Company .. | Ownership..... | .100.00 ... | Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 87-0847675 | ..... | ..... | NW-Broadway at Surf, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 88-2152576 | ..... | ..... | NW-Colfax, LLC | .. OH.... | NIA..... | Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 92-0292630 | ..... | ..... | NW-Conce, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 87-3648595 | ..... | ..... | NW-Corazon, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 84-2920247 | ..... | ..... | NW-Cranberry, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 86-3529884 | ..... | ..... | NW-Englewood, LLC | .. OH.... | NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 84-4388876 | ..... | ..... | NW-Escalante, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |
| .0140 | Nationwide ..... | ..... | 86-1538532 | ..... | ..... | NW-Escalante II, LLC | .. OH.... | NIA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | NO..... | ..... |  |

ANNUAL STATEMENT FOR THE YEAR 2022 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 | 16 |
|------------|------------------|-------------------|------------|--------------|-----|--|---|---|------------------------------------|--|--|--|--|--------------------------------------|----|
| 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 | Domi-ciliary Loca-tion | Rela-tion-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| .0140 | Nationwide | | 31-1580283 | | | NID 205 Vine, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 225 Nationwide, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 230 West, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 240 Nationwide, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 250 Brodbeck, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 250 West, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 265 Neil, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 275 Marconi, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 300 Neil, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 300 Spring, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 355 McConnell, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 425 Nationwide, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID 500 Nationwide, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID Arena Crossing, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID Arena District I, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID Arena District II, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID Arena District MM, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID Arena District PW, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID Arena District V, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID Athletic Club, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 88-2975730 | | | NW-Boise, LLC | .. OH.... NIA.... | Nationwide Life Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 31-1580283 | | | NID Brodbeck, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 30-0876022 | | | NID Franklinton, LLC | .. OH.... NIA.... | Nationwide Realty Investors, Ltd. ..... | ..... | Ownership..... | .80.00 ... | Nationwide Mutual Insurance Company | ... NO | 1 | |
| .0140 | Nationwide | | 31-4118665 | | | NID HP, LLC | .. OH.... NIA.... | NID Investments, LLC ..... | ..... | Ownership..... | .75.00 ... | Nationwide Mutual Insurance Company | ... NO | 1 | |
| .0140 | Nationwide | | 31-1580283 | | | NID Investments, LLC | .. OH.... NIA.... | Nationwide Realty Investors, Ltd. ..... | ..... | Ownership..... | .80.00 ... | Nationwide Mutual Insurance Company | ... NO | 1 | |
| .0140 | Nationwide | | 31-1486309 | | | NIGH, LLC | .. OH.... NIA.... | Nationwide Realty Investors, Ltd. ..... | ..... | Ownership..... | .75.00 ... | Nationwide Mutual Insurance Company | ... NO | 1 | |
| .0140 | Nationwide | | 87-3124154 | | | NW-Gallatin, LLC | .. OH.... NIA.... | Nationwide Life Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 85-1262262 | | | NW-Gator Walk, LLC | .. OH.... NIA.... | Nationwide Mutual Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 86-2431839 | | | NW-Hub13, LLC | .. OH.... NIA.... | Nationwide Mutual Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 47-2462818 | | | NW-Jasper WAG, LLC | .. OH.... NIA.... | NW REI, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 87-3767006 | | | NW-Kingsbury, LLC | .. OH.... NIA.... | Nationwide Life Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 81-5146596 | | | NW-Logan, LLC | .. OH.... NIA.... | NW REI, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 87-1565013 | | | NW-Midtown, LLC | .. OH.... NIA.... | NW REI, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 85-1246853 | | | NW-Oakbrook, LLC | .. OH.... NIA.... | Nationwide Life and Annuity Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 88-2595124 | | | NW-OG, LLC | .. OH.... NIA.... | Nationwide Mutual Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 83-2260477 | | | NW-ORBD, LLC | .. OH.... NIA.... | NW REI (NIFIC), LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 47-2449044 | | | NW-Promenade at Madison, LLC | .. OH.... NIA.... | NW REI, LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 83-2173918 | | | NW-Radius, LLC | .. OH.... NIA.... | NW REI (NLIC), LLC ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 87-1367836 | | | NW-Rancho, LLC | .. OH.... NIA.... | Nationwide Life Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 88-1405151 | | | NW-Riverchase, LLC | .. OH.... NIA.... | Nationwide Life Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 86-3702669 | | | NW-RPG Cranberry, LLC | .. OH.... NIA.... | Nationwide Mutual Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 87-0890277 | | | NW-Ruby, LLC | .. OH.... NIA.... | Nationwide Life Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 87-3273918 | | | NW-San Marco, LLC | .. OH.... NIA.... | Nationwide Life Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 87-3289289 | | | NW-San Pablo, LLC | .. OH.... NIA.... | Nationwide Mutual Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 84-4326171 | | | NW-Southbank, LLC | .. OH.... NIA.... | Nationwide Mutual Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 81-3212025 | | | NW-Springfield, LLC | .. OH.... NIA.... | Nationwide Mutual Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |
| .0140 | Nationwide | | 85-0536537 | | | NW-Sweetwater, LLC | .. OH.... NIA.... | Nationwide Life Insurance Company ..... | ..... | Ownership..... | 100.00 ... | Nationwide Mutual Insurance Company | ... NO | | |

ANNUAL STATEMENT FOR THE YEAR 2022 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 Domestic- ciliary Loca- tion | 10 Rela- tion- ship to Report- ing 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 Percent- age | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 Is an SCA Filing Re- quired? (Yes/No) | 16 * |
|-----------------|------------------|------------------------|----------------|-------------------|----------|---|--|---|--|--|--|---|--|--|---------|
| .0140 | Nationwide | | 92-0677233 | | | NII-UNCC, LLC | .. OH.... NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 81-1603024 | | | NW REI (NLAIC), LLC | .. OH.... NIA..... | Nationwide Life and Annuity Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 81-1619428 | | | NW REI (NLIC), LLC | .. OH.... NIA..... | Nationwide Life Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 81-1861190 | | | NW REI (NMIFC), LLC | .. OH.... NIA..... | Nationwide Mutual Fire Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 31-0947092 | | | OCH Company, LLC | .. OH.... NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| | | | 26-0263012 | | | Old Track Street Owners Association, Inc. | .. OH.... OTH..... | Other non-Nationwide | n/a | | Other non-Nationwide | .. NO..... | 2 | | |
| .0140 | Nationwide | 13999 | 27-1712056 | | | Olentangy Reinsurance, LLC | .. VT.... IA..... | Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 31-1486309 | | | Perimeter A, Ltd. | .. OH.... NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 20-4939866 | | | Rail Street Parking, LLC | .. OH.... NIA..... | NRI Equity Land Investments, LLC | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| | | | | | | Registered Investment Advisors Services, Inc. | | | | | | | | | |
| .0140 | Nationwide | | 75-2938844 | | | | | | | | | | | | |
| .0140 | Nationwide | | 82-0549218 | | | Retention Alternatives Ltd. | .. BMU.... IA..... | Nationwide Financial Services, Inc. | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | 15580 | 31-1117969 | | | Scottsdale Indemnity Company | .. OH.... IA..... | Nationwide Mutual Fire Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 41297 | 31-1024978 | | Scottsdale Insurance Company | .. OH.... IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 10672 | 86-0835870 | | Scottsdale Surplus Lines Insurance Company | .. AZ.... IA..... | Scottsdale Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 31-1610040 | | | The Waterfront Partners, LLC | .. OH.... NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 50.000 .. | Nationwide Mutual Insurance Company | .. NO..... | 1 | | |
| .0140 | Nationwide | | 36269 | 86-0619597 | | Titan Insurance Company | .. MI.... IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 75-1284530 | | | Titan Insurance Services, Inc. | .. TX.... IA..... | Nationwide Mutual Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 33-0160222 | | | V.P.I. Services, Inc. | .. CA.... IA..... | Veterinary Pet Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 42285 | 95-3750113 | | Veterinary Pet Insurance Company | .. OH.... IA..... | Scottsdale Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 42889 | 34-1394913 | | Victoria Fire & Casualty Company | .. OH.... IA..... | Victoria Select Insurance Company | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |
| .0140 | Nationwide | | 10105 | 34-1777972 | | | | | | | | | | | |
| .0140 | Nationwide | | 31-1486309 | | | Wellington Park, LLC | .. OH.... NIA..... | Nationwide Realty Investors, Ltd. | Ownership..... | 100.000 .. | Nationwide Mutual Insurance Company | .. NO..... | | | |

53.6

| 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 2022 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 Totals | 13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
| 10127 | 27-0114983 | Allied Insurance Company of America | | | | | | | * | | | 314,491,600 |
| 42579 | 42-1201931 | Allied Property & Casualty Insurance Company | | | | | | | * | | | 705,129,045 |
| 19100 | 42-6054959 | AMCO Insurance Company | (20,000,000) | | | | | | * | | | (20,000,000) |
| 29262 | 74-1061659 | Colonial County Mutual Insurance Company | | | | | | | 0 | | | 270,869,339 |
| 18961 | 68-0066866 | Crestbrook Insurance Company | (6,800,000) | 2,500,000 | | | | | * | | | (4,300,000) |
| 42587 | 42-1207150 | Depositors Insurance Company | | | | | | | * | | | 725,812,738 |
| | 33-0096671 | DVM Insurance Agency, Inc | (35,000) | | | | | | 0 | | | (35,000) |
| 15821 | 47-4523959 | Eagle Captive Reinsurance, LLC | (130,000,000) | | | | | | 0 | | | (130,000,000) |
| | 26-3260559 | E-Risk Services, LLC | (72,000,000) | | | | | | 0 | | | (72,000,000) |
| 22209 | 75-6013587 | Freedom Specialty Insurance Company | | | | | | | 0 | | | 910,559,703 |
| 23582 | 41-0417250 | Harleysville Insurance Company | | | | | | | * | | | 545,556,176 |
| 42900 | 16-1075588 | Harleysville Insurance Company of New Jersey | | | | | | | * | | | 213,332,227 |
| 10674 | 23-2864924 | Harleysville Insurance Company of New York | (2,000,000) | | | | | | * | | | (2,000,000) |
| | 14516 | Harleysville Lake States Insurance Company | | | | | | | * | | | 208,345,264 |
| 35696 | 23-2384978 | Harleysville Preferred Insurance Company | | | | | | | * | | | 26,648,363 |
| 26182 | 04-1989660 | Harleysville Worcester Insurance Company | | | | | | | * | | | 253,009,756 |
| 11991 | 38-0865250 | National Casualty Company | 3,200,000 | | | | | | * | | | 492,918,907 |
| 26093 | 48-0470690 | Nationwide Affinity Insurance Company of America | | | | | | | 0 | | | 3,200,000 |
| | 28223 | Nationwide Agribusiness Insurance Company | | | | | | | * | | | 2,255,545,640 |
| | 10723 | Nationwide Assurance Company | | | | | | | * | | | 356,053,623 |
| | 31-4416546 | Nationwide Corporation | 3,049,000 | | | | | | * | | | 1,121,388,709 |
| | 31-1486870 | Nationwide Financial Services, Inc | (310,472,542) | | | | | | 0 | | | 273,018,982 |
| | 23760 | Nationwide General Insurance Company | 33,100,000 | | | | | | 0 | | | 33,100,000 |
| | 10070 | Nationwide Indemnity Company | | | | | | | * | | | 1,700,135,974 |
| | 25453 | Nationwide Insurance Company of America | 30,300,000 | | | | | | * | | | 1,113,978,391 |
| | 10948 | Nationwide Insurance Company of Florida | | | | | | | * | | | 30,300,000 |
| | 92657 | Nationwide Life and Annuity Insurance Company | 855,472,542 | | | | | | 0 | | | 1,482,303,519 |
| | 66869 | Nationwide Life Insurance Company | 130,000,000 | (550,000,000) | | | | | 0 | | | (420,000,000) |
| | 42110 | Nationwide Lloyds | 153,370 | | | | | | * | | | 306,982 |
| | 75-3191025 | Nationwide Mutual Capital, LLC | (60,897,307) | (3,049,000) | | | | | 0 | | | (63,946,307) |
| | 23779 | Nationwide Mutual Fire Insurance Company | 62,004,440 | (188,785,408) | | | | | * | | | (126,780,968) |
| | 34-2012765 | Nationwide Mutual Insurance Company | 138,695 | | | | | | 0 | | | 138,695 |
| | 37877 | Nationwide Private Equity Fund, LLC | | | | | | | * | | | |
| | 31-0970750 | Nationwide Property & Casualty Insurance Company | | | | | | | 0 | | | 1,475,175,231 |
| | 31-1486309 | Nationwide Realty Investors | 925,000 | | | | | | 0 | | | 925,000 |
| 00000 | 83-2250056 | Nationwide SBL, LLC | 5,000,000 | | | | | | 0 | | | 5,000,000 |
| | 20-5976272 | Nationwide Ventures, LLC | 4,000,000 | | | | | | 0 | | | 4,000,000 |

ANNUAL STATEMENT FOR THE YEAR 2022 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 Totals | 13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|--------------|---|
| ..... | 31-0871532 | NBS Insurance Agency, Inc | (8,153,000) | | | | | | 0 | | (8,153,000) | |
| ..... | 85-4193218 | NCS Arizona, LLC | | 1,500,000 | | | | | 0 | | 1,500,000 | |
| ..... | 46-3762545 | NNOV8, LLC | | 54,500,000 | | | | | 0 | | 54,500,000 | |
| ..... | 26-1903919 | NW REI, LLC | 46,656,495 | 58,760,408 | | | | | 0 | | 105,416,903 | |
| ..... | 81-1861190 | NW-REI (NMFIC), LLC | 60,897,307 | | | | | | 0 | | 60,897,307 | |
|13999 | 27-1712056 | Olentangy Reinsurance, LLC | | | | | | | 0 | | | (1,865,940,657) |
|15580 | 31-1117969 | Scottsdale Indemnity Company | | | | | | | 0 | | | 713,987,668 |
|41297 | 31-1024978 | Scottsdale Insurance Company | | | | | | | * | | | 4,921,223,155 |
|10672 | 86-0835870 | Scottsdale Surplus Lines Insurance Company | | | | | | | 0 | | | 62,264,879 |
|36269 | 86-0619597 | Titan Insurance Company | | | | | | | 0 | | | (117,044) |
|42285 | 95-3750113 | Veterinary Pet Insurance Company | | 196,000 | | | | | * | | 196,000 | 131,510,235 |
|42889 | 34-1394913 | Victoria Fire & Casualty Company | | | | | | | * | | | 1,266,478 |
|10105 | 34-1777972 | Victoria Select Insurance Company | | | | | | | 0 | | | 205,244 |
| ..... | 33-0160222 | VPI Services, Inc | (161,000) | | | | | | 0 | | (161,000) | |
| 9999999 Control Totals | | | | | | | | | XXX | | | |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

| 1 Insurers in Holding Company | 2 Owners with Greater Than 10% Ownership | 3 Ownership Percentage Column 2 of Column 1 | 4 Granted Disclaimer of Control Affiliation of Column 2 Over Column 1 (Yes/No) | 5 Ultimate Controlling Party | 6 U.S. Insurance Groups or Entities Controlled by Column 5 | 7 Ownership Percentage (Column 5 of Column 5 Over Column 6 (Yes/No) | 8 Granted Disclaimer of Control Affiliation of Column 5 Over Column 6 (Yes/No) |
|---|---|--|--|---|--|--|--|
| Allied Insurance Company of America | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Allied Property & Casualty Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| AMCO Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Colonial County Mutual Insurance Company | Lone Star General Agency, Inc. | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Crestbrook Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Depositors Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Eagle Captive Reinsurance, LLC | Nationwide Life Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Freedom Specialty Insurance Company | Scottsdale Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Harleysville Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Harleysville Insurance Company of New Jersey | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Harleysville Insurance Company of New York | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Harleysville Lake States Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Harleysville Preferred Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Harleysville Worcester Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Jefferson National Life Insurance Company | Jefferson National Financial Corporation | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Jefferson National Life Insurance Company of New York | Jefferson National Life Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| National Casualty Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Affinity Insurance Company of America | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Agribusiness Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Assurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide General Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Indemnity Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Insurance Company of America | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Insurance Company of Florida | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Life and Annuity Insurance Company | Nationwide Life Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Life Insurance Company | Nationwide Financial Services, Inc. | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Nationwide Lloyds | n/a ..... | ..... | ..... | Nationwide Mutual Insurance Company | Nationwide ..... | ..... | .....NO..... |
| Nationwide Mutual Fire Insurance Company | n/a ..... | ..... | ..... | Nationwide Mutual Insurance Company | Nationwide ..... | ..... | .....NO..... |
| Nationwide Mutual Insurance Company | n/a ..... | ..... | ..... | Nationwide Mutual Insurance Company | Nationwide ..... | ..... | .....NO..... |
| Nationwide Property & Casualty Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Olentangy Reinsurance, LLC | Nationwide Life and Annuity Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Scottsdale Indemnity Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Scottsdale Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Scottsdale Surplus Lines Insurance Company | Scottsdale Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Titan Insurance Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Veterinary Pet Insurance Company | Scottsdale Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Victoria Fire & Casualty Company | Nationwide Mutual Insurance Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |
| Victoria Select Insurance Company | Victoria Fire & Casualty Company | 100.000 |NO..... | Nationwide Mutual Insurance Company | Nationwide | 100.000 |NO..... |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**REQUIRED FILINGS**

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 Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) | YES |
| 7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| | JUNE FILING |
| 8. Will an audited financial report be filed by June 1? | YES |
| 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| | SUPPLEMENTAL FILINGS |
| The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. 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 |
| 10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) .. | NO |
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | YES |
| 12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 13. 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 |
| 14. 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 |
| 15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? | YES |
| 16. 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 |
| 17. 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 |
| 18. 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 |
| 19. 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 |
| 20. 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 |
| 21. 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 |
| 22. 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 |
| 23. 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 |
| 24. 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 |
| 25. 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 |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

| | |
|---|-----|
| 26. 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 |
| 27. 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 |
| 28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) | NO |
| 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? | YES |
| 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 31. 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 |
| 32. 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 |
| 33. 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 |
| 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 35. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1? | NO |

APRIL FILING

| | |
|--|--------|
| 36. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? | YES |
| 37. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 38. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) | NO |
| 39. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| 40. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | WAIVED |
| 41. 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? | WAIVED |
| 42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? | NO |
| 43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? | YES |
| 45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? | YES |
| 46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? | YES |
| 47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? | YES |

AUGUST FILING

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

10.
12.
18.
20.
21.
25.
27.
28.
30.
31.
32.
33.
35.
37.
38.
42.

Bar Codes:

10. SIS Stockholder Information Supplement [Document Identifier 420]

12. Trusteed Surplus Statement [Document Identifier 490]

18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]

20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]

25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]

27. 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]

28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]

30. Medicare Part D Coverage Supplement [Document Identifier 365]

31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

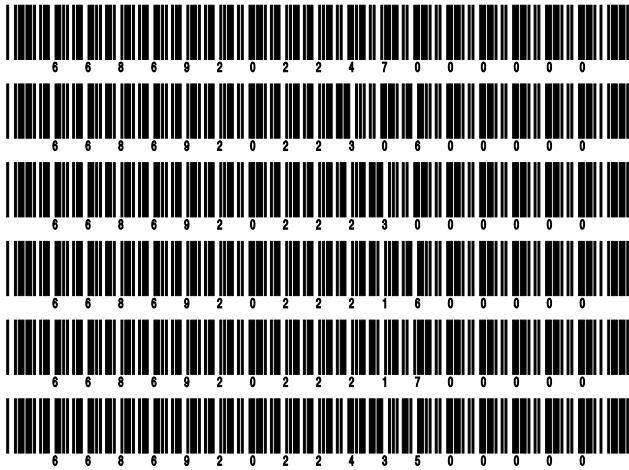
33. Relief from the Requirements for Audit Committees [Document Identifier 226]



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

35. Health Care Receivables Supplement [Document Identifier 470]
37. Long-Term Care Experience Reporting Forms [Document Identifier 306]
38. Credit Insurance Experience Exhibit [Document Identifier 230]
40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

| | Current Year | | | Prior Year |
|---|--------------|-------------------------|---|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 2504. Prepaid pension costs | 32,254,434 | 27,311,759 | 4,942,675 | 5,802,273 |
| 2505. Disallowed interest maintenance reserve | 75,087,891 | 75,087,891 | | |
| 2597. Summary of remaining write-ins for Line 25 from overflow page | 107,342,325 | 102,399,650 | 4,942,675 | 5,802,273 |

Additional Write-ins for Liabilities Line 25

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 2504. Reserve for litigation and contingencies | 4,794,248 | 11,224,413 |
| 2505. Reserve for rate stabilizations | 16,447,672 | 16,197,913 |
| 2506. Tax credit commitment liabilities | 49,335,713 | 45,426,307 |
| 2507. Contingency reserve | 196,606,444 | 190,413,225 |
| 2508. Deferred gain liabilities | 638,143 | |
| 2597. Summary of remaining write-ins for Line 25 from overflow page | 267,822,220 | 263,261,858 |

Additional Write-ins for Summary of Operations Line 27

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 2704. Change in rate stabilization reserves | 249,760 | 908,499 |
| 2705. Change in loss recognition reserves | 400,000 | 500,000 |
| 2797. Summary of remaining write-ins for Line 27 from overflow page | 649,760 | 1,408,499 |

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|---|---|---|---|
| 2504. Disallowed interest maintenance reserve | 75,087,891 | | (75,087,891) |
| 2597. Summary of remaining write-ins for Line 25 from overflow page | 75,087,891 | | (75,087,891) |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Analysis of Operations - Summary Line 27

| | 1 Total | 2 Individual Life | 3 Group Life | 4 Individual Annuities | 5 Group Annuities | 6 Accident and Health | 7 Fraternal | 8 Other Lines of Business | 9 YRT Mortality Risk Only |
|---|------------|----------------------|-----------------|---------------------------|----------------------|--------------------------|----------------|---------------------------------|---------------------------------|
| 2704. Change in rate stabilization reserves | 249,759 | | 213,040 | | | 36,719 | | | |
| 2705. Change in loss recognition reserves | 400,000 | | | | | 400,000 | | | |
| 2797. Summary of remaining write-ins for Line 27 from overflow page | 649,759 | | 213,040 | | | 436,719 | | | |



SUPPLEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | | Policies Issued in 2020; 2021; 2022 | | | |
|--|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|-------|-------------------------|-------------------------------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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..... | 1522AL | P. | NO. | 1234067 | 08/12/1982 | ..... | 05/11/2001 | 03/01/1995 | Medicare Supplement .. | 7,210 | 7,136 | .99.0 | 1 | ..... | ..... | ..... |  |
|YES..... | 2122AL | B. | NO. | 1234067 | 06/08/1992 | 11/06/2002 | 05/11/2001 | 12/01/2002 | Medicare Supplement .. | ..... | 26 | ..... | ..... | ..... | ..... | ..... | ..... |
|YES..... | 2123AL | F. | NO. | 1234067 | 06/08/1992 | 11/06/2002 | 05/11/2001 | 12/01/2002 | Medicare Supplement .. | 11,984 | 5,998 | .50.1 | 2 | ..... | ..... | ..... |  |
|YES..... | 2129-1 | C. | NO. | 1234067 | 08/03/1999 | 11/06/2002 | 05/11/2001 | 12/01/2002 | Medicare Supplement .. | 5,738 | 4,169 | .72.7 | 1 | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 24,932 | 17,329 | 69.5 | 4 | ..... | ..... | ..... |  |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|------------|-------------------------------------|-----------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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..... | 1234067 | 07/28/1992 | 11/01/2002 | 08/01/2001 | 12/01/2001 | Medicare Supplement | 17,837 | 7,286 | 40.8 | .8 ..... | ..... | ..... | ..... |  |
|YES..... | 2122CT94 | B..... | NO..... | 1234067 | 07/28/1992 | 11/01/2002 | 08/01/2001 | 12/01/2001 | Medicare Supplement | 34,655 | 14,971 | 43.2 | .7 ..... | ..... | ..... | ..... |  |
|YES..... | 2123CT94 | F..... | NO..... | 1234067 | 07/28/1992 | 11/01/2002 | 08/01/2001 | 12/01/2001 | Medicare Supplement | 67,395 | 29,125 | 43.2 | .9 ..... | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 119,887 | 51,382 | 42.9 | 24 ..... | ..... | ..... | ..... |  |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|-----------------|-------------------------|-------------------|-----------------|-----------------------------|------------------------------|-----------------|---------|-------------------------------------|-----------------|-----------------|-----|-------------------------|
| | | | | | | | | | | 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..... | 1524 | P..... | NO..... | 1234067 | ..12/16/1982 .. | ..... | 05/10/2001 .. | ..12/01/1991 .. | Medicare Supplement .. | 16,652 | ..... | 27,470 | ..... | 165.0 | ..... | 7 | |
|YES..... | 2121FL | A..... | NO..... | 1234067 | ..03/12/1992 .. | ..12/03/2002 .. | 05/10/2001 .. | ..12/01/2002 .. | Medicare Supplement .. | 2,836 | ..... | 2,372 | ..... | 83.6 | ..... | 1 | |
|YES..... | 2122FL | B..... | NO..... | 1234067 | ..03/12/1992 .. | ..12/03/2002 .. | 05/10/2001 .. | ..12/01/2002 .. | Medicare Supplement .. | 38,236 | ..... | 36,808 | ..... | 96.3 | ..... | 17 | |
|YES..... | 2123FL | F..... | NO..... | 1234067 | ..03/12/1992 .. | ..12/03/2002 .. | 05/10/2001 .. | ..12/01/2002 .. | Medicare Supplement .. | 331,464 | ..... | 311,149 | ..... | 93.9 | ..... | 106 | |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 389,188 | ..... | 377,799 | ..... | 97.1 | ..... | 131 | |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|-------|-------------------------------------|-----------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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..... | 1924 | P..... | NO..... | 1234067 | 09/19/1989 ..... | ..... | 05/31/2001 | 07/01/1992 | Medicare Supplement | 7,461 | 12,594 | 168.8 | 2 | ..... | ..... | ..... |  |
|YES..... | 2122GA | B..... | NO..... | 1234067 | 08/28/1992 | 11/01/2002 | 05/31/2001 | 12/01/2002 | Medicare Supplement | 3,784 | 339 | 9.0 | 1 | ..... | ..... | ..... |  |
|YES..... | 2123GA | F..... | NO..... | 1234067 | 08/28/1992 | 11/01/2002 | 05/31/2001 | 12/01/2002 | Medicare Supplement | 76,448 | 24,289 | 31.8 | 12 | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 87,693 | 37,222 | 42.4 | 15 | ..... | ..... | ..... |  |

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | | Policies Issued in 2020; 2021; 2022 | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|------|-------------------------|-------------------------------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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..... | 1234067 | 09/21/1982 ..... | ..... | 05/21/2001 | 12/01/1991 | Medicare Supplement | 7,767 | 1,578 | 20.3 | 1 | ..... | ..... | ..... |  |
|YES..... | 2121IN | A..... | NO..... | 1234067 | 01/09/1995 | 11/04/2002 | 05/21/2001 | 12/01/2002 | Medicare Supplement | 823 | 467 | 56.7 | ..... | ..... | ..... | ..... |  |
|YES..... | 2122IN | B..... | NO..... | 1234067 | 01/09/1995 | 11/04/2002 | 05/21/2001 | 12/01/2002 | Medicare Supplement | 6,354 | 615 | 9.7 | 2 | ..... | ..... | ..... |  |
|YES..... | 2123IN | F..... | NO..... | 1234067 | 01/09/1995 | 11/04/2002 | 05/21/2001 | 12/01/2002 | Medicare Supplement | 4,777 | 2,797 | 58.6 | 1 | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 19,721 | 5,457 | 27.7 | 4 | ..... | ..... | ..... |  |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|---------|-------------------------------------|-----------------|-----------------|----|-------------------------|
| | | | | | | | | | | 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..... | 2121KY | A..... | NO..... | 1234067 | 06/28/1994 | 11/04/2002 | 05/14/2001 | 12/01/2002 | Medicare Supplement | 2,337 | 32 | 1.4 | .1 | | | | |
|YES..... | 2122KY | B..... | NO..... | 1234067 | 06/28/1994 | 11/04/2002 | 05/14/2001 | 12/01/2002 | Medicare Supplement | 277 | 3,404 | 1,228.9 | | | | | |
|YES..... | 2123KY | F..... | NO..... | 1234067 | 06/28/1994 | 11/04/2002 | 05/14/2001 | 12/01/2002 | Medicare Supplement | 16,972 | 5,586 | 32.9 | .4 | | | | |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 19,586 | 9,022 | 46.1 | 5 | | | | |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|-------|-------------------------------------|-----------------|-----------------|----|-------------------------|
| | | | | | | | | | | 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..... | 1234067 | 08/27/1992 | 12/09/2002 | 01/25/2002 | 12/01/2002 | Medicare Supplement | 1,676 | 4,524 | 269.9 | | | | | |
|YES..... | 2122MD | B..... | NO..... | 1234067 | 08/27/1992 | 12/09/2002 | 01/25/2002 | 12/01/2002 | Medicare Supplement | 30,902 | 52,019 | 168.3 | 10 | | | | |
|YES..... | 2123MD | F..... | NO..... | 1234067 | 08/27/1992 | 12/09/2002 | 01/25/2002 | 12/01/2002 | Medicare Supplement | 239,720 | 138,009 | 57.6 | 45 | | | | |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 272,298 | 194,552 | 71.4 | 55 | | | | |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|-------|-------------------------------------|-----------------|-----------------|----|-------------------------|
| | | | | | | | | | | 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-1090 | 0 | NO | 1234067 | | | | | 12/31/1993 | Medicare Supplement | 3,288 | 1,681 | 51.1 | .1 | | | |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|-------|-------------------------------------|-----------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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..... | 1234067 | 08/24/1982 ..... | ..... | 04/27/2001 | 06/01/1992 | Medicare Supplement | 4,880 | 2,255 | 46.2 | 1 | ..... | ..... | ..... |  |
|YES..... | 2123 | F..... | NO..... | 1234067 | 06/22/1992 | 11/18/2002 | 04/27/2001 | 12/01/2002 | Medicare Supplement | 32,576 | 32,985 | 101.3 | 6 | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 37,456 | 35,240 | 94.1 | 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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | | Policies Issued in 2020; 2021; 2022 | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|---------------------------|-----------------------------|------------------------------|-----------------|------------|----------|-------------------------------------|-----------------|----|----|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | Premiums Earned | 12 | 13 | Number of Covered Lives | Premiums Earned | 16 | 17 | Number of Covered Lives |
| 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 | | | | | | | | |
|YES..... | 1522 | P..... | NO..... | 1234067 | 09/13/1982 | 04/24/2001 | 12/01/1991 | Medicare Supplement | 32,368 | 3,540 | 10.9 | 7 | | | | | |
|YES..... | 2121NC | A..... | NO..... | 1234067 | 06/16/1992 | 11/05/2002 | 04/24/2001 | Medicare Supplement | 3,006 | 1,536 | 51.1 | 1 | | | | | |
|YES..... | 2122NC | B..... | NO..... | 1234067 | 06/16/1992 | 11/05/2002 | 04/24/2001 | Medicare Supplement | 3,249 | 6,797 | 209.2 | 1 | | | | | |
|YES..... | 2123NC | F..... | NO..... | 1234067 | 06/16/1992 | 11/05/2002 | 04/24/2001 | Medicare Supplement | 197,868 | 101,389 | 51.2 | 46 | | | | | |
|YES..... | 2124NC | I..... | NO..... | 1234067 | 06/16/1992 | 11/05/2002 | 04/24/2001 | Medicare Supplement | 11,624 | 1,224 | 10.5 | 2 | | | | | |
|YES..... | 2129NC | C..... | NO..... | 1234067 | 07/05/2000 | 11/05/2002 | 04/24/2001 | Medicare Supplement | 4,080 | 8,807 | 215.9 | 1 | | | | | |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 252,195 | 123,293 | 48.9 | 58 | | | | |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|---------|-------------------------------------|-----------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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. | 1234067 | 07/15/1982 | ..... | 05/15/2001 | 04/01/1992 | Medicare Supplement .. | 27,418 | 11,460 | 41.8 | .5 | ..... | ..... | ..... |  |
|YES..... | 2121 | A. | NO. | 1234067 | 03/20/1992 | 11/01/2001 | 05/15/2001 | 12/01/2002 | Medicare Supplement .. | (1,246) | 3,737 | (299.9) | 1 | ..... | ..... | ..... |  |
|YES..... | 2122 | B. | NO. | 1234067 | 03/20/1992 | 11/01/2001 | 05/15/2001 | 12/01/2002 | Medicare Supplement .. | 58,823 | 63,056 | 107.2 | 23 | ..... | ..... | ..... |  |
|YES..... | 2123 | F. | NO. | 1234067 | 03/20/1992 | 11/01/2001 | 05/15/2001 | 12/01/2002 | Medicare Supplement .. | 461,267 | 427,165 | 92.6 | 123 | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 546,262 | 505,418 | 92.5 | 152 | ..... | ..... | ..... |  |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|-------|-------------------------------------|-----------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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..... | 1926 | P..... | NO..... | 1234067 | 08/03/1989 ..... | ..... | 05/07/2001 | 07/01/1990 | Medicare Supplement | 8,616 | 2,113 | 24.5 | 2 | ..... | ..... | ..... |  |
|YES..... | 2121PA | A..... | NO..... | 1234067 | 09/04/1992 | 11/20/2002 | 05/07/2001 | 12/01/2002 | Medicare Supplement | 13,133 | 18,428 | 140.3 | 7 | ..... | ..... | ..... |  |
|YES..... | 2122PA | B..... | NO..... | 1234067 | 09/04/1992 | 11/20/2002 | 05/07/2001 | 12/01/2002 | Medicare Supplement | 20,484 | 11,804 | 57.6 | 8 | ..... | ..... | ..... |  |
|YES..... | 2129 | C..... | NO..... | 1234067 | 09/04/1992 | 11/20/2002 | 05/07/2001 | 12/01/2002 | Medicare Supplement | 279,991 | 242,583 | 86.6 | 81 | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 322,224 | 274,928 | 85.3 | 98 | ..... | ..... | ..... |  |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|-------------|-------------------------------------|-----------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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..... | 1234067 | 10/06/1982 ..... | ..... | 04/24/2001 | 04/01/1992 | Medicare Supplement | 9,033 | 12,021 | 133.1 | 2 ..... | ..... | ..... | ..... |  |
|YES..... | 2122SC | F..... | NO..... | 1234067 | 02/05/1993 | 11/05/2002 | 04/24/2001 | 12/01/2002 | Medicare Supplement | 7,695 | 7,475 | .97.1 | 3 ..... | ..... | ..... | ..... |  |
|YES..... | 2123SC | C..... | NO..... | 1234067 | 02/05/1993 | 11/05/2002 | 04/24/2001 | 12/01/2002 | Medicare Supplement | 55,864 | 39,855 | .71.3 | 14 ..... | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 72,592 | 59,351 | 81.8 | 19 ..... | ..... | ..... | ..... |  |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2022
(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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|----------------------|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|------------|-------------------------------------|-----------------|--|--------|-------------------------|
| | | | | | | | | | | 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..... | 2122TN | B..... | NO..... | 1234067 | 06/30/1992 | 11/19/2002 | 05/31/2001 | 12/01/2002 | Medicare Supplement | 3,515 | .461 | 13.1 | .1 |YES..... | 2123TN | F..... | NO..... |
|YES..... | 2123TN | F..... | NO..... | 1234067 | 06/30/1992 | 11/19/2002 | 05/31/2001 | 12/01/2002 | Medicare Supplement | 30,161 | 21,061 | 69.8 | 5 |YES..... | 0199999. Total Experience on Individual Policies | ..... | ..... |
| | | | | | | | | | | 33,676 | 21,522 | 63.9 | 6 | | | | |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|-------|-------------------------------------|-----------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | 12 | 13 | Number of Covered Lives | Premiums Earned | 16 | 17 | Number of Covered Lives |
|YES..... | 2121TX | A..... | NO..... | 1234067 | 06/02/1994 | 11/13/2002 | 06/15/2001 | 12/01/2002 | Medicare Supplement | 8,299 | 5,188 | 62.5 | 2 | ..... | ..... | ..... |  |
|YES..... | 2123TX | F..... | NO..... | 1234067 | 06/02/1994 | 11/13/2002 | 06/15/2001 | 12/01/2002 | Medicare Supplement | 2,671 | (107) | (4.0) | ..... | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 10,970 | 5,081 | 46.3 | 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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | | Policies Issued in 2020; 2021; 2022 | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------|-------------------------------------|-----------------|----------------------------|-------------------------|
| | | | | | | | | | | 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..... | 1234067 | 09/27/1982 ..... | ..... | 05/11/2001 | 02/01/1989 | Medicare Supplement | 4,585 | 1,198 | 26.1 | 1 | ..... | ..... | ..... |  |
|YES..... | 1925 | P..... | NO..... | 1234067 | 02/02/1989 ..... | ..... | 05/11/2001 | 07/01/1992 | Medicare Supplement | 11,845 | 18,190 | 153.6 | 2 | ..... | ..... | ..... |  |
|YES..... | 2122VA | B..... | NO..... | 1234067 | 07/30/1992 | 11/21/2002 | 05/11/2001 | 12/01/2002 | Medicare Supplement | 27,058 | 10,177 | 37.6 | 10 | ..... | ..... | ..... |  |
|YES..... | 2123VA | F..... | NO..... | 1234067 | 07/30/1992 | 11/21/2002 | 05/11/2001 | 12/01/2002 | Medicare Supplement | 139,300 | 83,621 | 60.0 | 35 | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 182,788 | 113,186 | 61.9 | 48 | ..... | ..... | ..... |  |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (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 2019 | | | Policies Issued in 2020; 2021; 2022 | | | | |
|--|--------------------|---|-----------------|----------------------|------------------|-------------------------|-------------------|------------------|-----------------------------|------------------------------|-----------------|-------|-------------------------------------|-----------------|-----------------|-------|-------------------------|
| | | | | | | | | | | 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..... | 1523 | P..... | NO..... | 1234067 | 09/22/1982 ..... | ..... | 05/30/2001 | 12/01/1991 | Medicare Supplement | 16,372 | 13,522 | .82.6 | 3 | ..... | ..... | ..... |  |
|YES..... | 2121WV | A..... | NO..... | 1234067 | 02/27/1992 | 11/07/2002 | 05/30/2001 | 12/01/2002 | Medicare Supplement | 2,075 | 6,747 | 325.2 | 1 | ..... | ..... | ..... |  |
|YES..... | 2122WV | B..... | NO..... | 1234067 | 02/27/1992 | 11/07/2002 | 05/30/2001 | 12/01/2002 | Medicare Supplement | 6,862 | 12,671 | 184.7 | 2 | ..... | ..... | ..... |  |
|YES..... | 2123WV | F..... | NO..... | 1234067 | 02/27/1992 | 11/07/2002 | 05/30/2001 | 12/01/2002 | Medicare Supplement | 125,429 | 73,920 | .58.9 | 25 | ..... | ..... | ..... |  |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 150,738 | 106,860 | 70.9 | 31 | ..... | ..... | ..... |  |

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 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type

For The Year Ended December 31, 2022

(To Be Filed by March 1)

NAIC Group Code 0140

NAIC Company Code 66869

| | | Prior Year | Current Year | |
|-----------------------------|--|-----------------------|-----------------------|-------------------------------------|
| | | 1 Reported Reserve | 2 Reported Reserve | 3 Due and Deferred Premium Asset |
| 1. | Post-Reinsurance-Ceded Reserve | | | |
| 1.1. | Term Life Insurance..... | 2,543,579 | 2,034,998 | .315,531 |
| 1.2. | Universal Life With Secondary Guarantee | 116,967,807 | 145,373,097 | |
| 1.3. | Non-Participating Whole Life | 61,436 | 174,499 | 42,816 |
| 1.4. | Participating Whole Life | | | |
| 1.5. | Universal Life Without Secondary Guarantee | 450,580 | 619,704 | |
| 1.6. | Variable Universal Life Without Secondary Guarantee | | | |
| 1.7. | Variable Life Without Secondary Guarantee | | | |
| 1.8. | Indexed Life Without Secondary Guarantee | | | |
| 1.9. | Aggregate Write-Ins for Other Products | | | |
| 2. | Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9) | 120,023,402 | 148,202,298 | XXX |
| 3. | Pre-Reinsurance-Ceded Reserve | | | |
| 3.1. | Term Life Insurance..... | 2,595,931 | 2,122,851 | .315,531 |
| 3.2. | Universal Life With Secondary Guarantee | 116,974,904 | 145,386,084 | |
| 3.3. | Non-Participating Whole Life | 61,436 | 174,499 | 42,816 |
| 3.4. | Participating Whole Life | | | |
| 3.5. | Universal Life Without Secondary Guarantee | 450,580 | 619,704 | |
| 3.6. | Variable Universal Life Without Secondary Guarantee | | | |
| 3.7. | Variable Life Without Secondary Guarantee | | | |
| 3.8. | Indexed Life Without Secondary Guarantee | | | |
| 3.9. | Aggregate Write-Ins for Other Products | | | |
| 4. | Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9) | 120,082,851 | 148,303,138 | XXX |
| 5. | Total Reserves Ceded (Line 4 minus Line 2) | 59,449 | 100,839 | XXX |
| DETAILS OF WRITE-INS | | | | |
| 1.901. | ..... |  |  |  |
| 1.902. | ..... |  |  |  |
| 1.903. | ..... |  |  |  |
| 1.998. | Summary of remaining write-ins for Line 1.9 from overflow page | | | |
| 1.999. | Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above) | | | |
| 3.901. | ..... |  |  |  |
| 3.902. | ..... |  |  |  |
| 3.903. | ..... |  |  |  |
| 3.998. | Summary of remaining write-ins for Line 3.9 from overflow page | | | |
| 3.999. | Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above) | | | |

SUPPLEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

VM-20 RESERVES SUPPLEMENT – PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type

For The Year Ended December 31, 2022

(To Be Filed by March 1)

(\$000 Omitted for Face Amounts)

| | Current Year | | | | | | | | | | | |
|--|-----------------------------|-------------------------------|----------------------------|----------------------------|------------------|-----------------------------|-------------------------------|----------------------------|------------------|------------------------------|-----------------------------|-------------------|
| | SECTION A | | | | | SECTION B | | | | SECTION C | | |
| | 1 Net Premium Reserve | 2 Deterministic Reserve | 3 Stochastic Reserve | 4 Number of Policies | 5 Face Amount | 6 Net Premium Reserve | 7 Deterministic Reserve | 8 Number of Policies | 9 Face Amount | 10 Net Premium Reserve | 11 Number of Policies | 12 Face Amount |
| 1. Post-Reinsurance-Ceded Reserve | | | | | | | | | | | | |
| 1.1. Term Life Insurance | | | | XXX | XXX | 1,041,968 | 1,719,467 | XXX | XXX | XXX | XXX | XXX |
| 1.2. Universal Life With Secondary Guarantee | 136,447,849 | 141,157,863 | 145,373,097 | XXX | XXX | | | XXX | XXX | 174,499 | XXX | XXX |
| 1.3. Non-Participating Whole Life | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.4. Participating Whole Life | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.5. Universal Life Without Secondary Guarantee | | | | XXX | XXX | | | XXX | XXX | 619,704 | XXX | XXX |
| 1.6. Variable Universal Life Without Secondary Guarantee | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.7. Variable Life Without Secondary Guarantee | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.8. Indexed Life Without Secondary Guarantee | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.9. Aggregate Write-Ins for Other Products | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3. Pre-Reinsurance-Ceded Reserve | | | | | | | | | | | | |
| 3.1. Term Life Insurance | | | | | | 1,128,694 | 1,807,319 | 1,688 | 1,454,781,265 | XXX | | |
| 3.2. Universal Life With Secondary Guarantee | 136,460,843 | 141,170,857 | 145,386,084 | 5,726 | 2,555,490,582 | | | | | 174,499 | 181 | 13,959,380 |
| 3.3. Non-Participating Whole Life | | | | | | | | | | | | |
| 3.4. Participating Whole Life | | | | | | | | | | 619,704 | 57 | 16,038,365 |
| 3.5. Universal Life Without Secondary Guarantee | | | | | | | | | | | | |
| 3.6. Variable Universal Life Without Secondary Guarantee | | | | | | | | | | | | |
| 3.7. Variable Life Without Secondary Guarantee | | | | | | | | | | | | |
| 3.8. Indexed Life Without Secondary Guarantee | | | | | | | | | | | | |
| 3.9. Aggregate Write-Ins for Other Products | | | | | | | | | | | | |
| 4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 5. Total Reserves Ceded (Line 4 minus Line 2) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1.901. | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.902. | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.903. | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.998. Summary of remaining write-ins for Line 1.9 from overflow page | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above) | | | | XXX | XXX | | | XXX | XXX | | XXX | XXX |
| 3.901. | | | | | | | | | | | | |
| 3.902. | | | | | | | | | | | | |
| 3.903. | | | | | | | | | | | | |
| 3.998. Summary of remaining write-ins for Line 3.9 from overflow page | | | | | | | | | | | | |
| 3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above) | | | | | | | | | | | | |

SUPPLEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption

For The Year Ended December 31, 2022

(To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)

1. Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No [X]
2. If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)
 - 2.1 NAIC Adopted VM []
 - 2.2 State Statute (SVL) [] Complete items "a" and "b" as appropriate.
 - a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes [] No []
 - b. If the answer to "a" above is "Yes", provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
.....
- 2.3 State Regulation [] Complete items "a" and "b" as appropriate.
 - a. Is the criteria in the State Regulation different from the NAIC adopted VM? Yes [] No []
 - b. If the answer to "a" above is "Yes", provide the criteria of the state's Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
.....
3. If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply:
 - 1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2,
 - 2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or
 - 3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed:
.....

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR

For The Year Ended December 31, 2022

(To Be Filed by March 1)

- 1A. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No [X]
- 1B. If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.
.....
- 2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile? Yes [] No []
- 2B. If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.
.....
3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? Yes [] No [X]



SUPPLEMENT FOR THE YEAR 2022 OF THE NATIONWIDE LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2022
(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 | Cumulative Net Amounts Paid Policyholders | | | | |
|-------------------------------------|---|-----------|-----------|-----------|--------------|
| | 1 2018 | 2 2019 | 3 2020 | 4 2021 | 5 2022(a) |
| 1. Prior | 458 | 150 | 156 | 127 | 2 |
| 2. 2018 | 309 | 103 | 46 | | 8 |
| 3. 2019 | XXX | 165 | 210 | 35 | 15 |
| 4. 2020 | XXX | XXX | 107 | 101 | 54 |
| 5. 2021 | XXX | XXX | XXX | 85 | 109 |
| 6. 2022 | XXX | XXX | XXX | XXX | 164 |

Section B - Other Accident and Health

| | | | | | |
|----------------|-----|-----|-----|-----|----|
| 1. Prior | 172 | 120 | 102 | 107 | 82 |
| 2. 2018 | 66 | 59 | 12 | 13 | 12 |
| 3. 2019 | XXX | 65 | 57 | 13 | 12 |
| 4. 2020 | XXX | XXX | 67 | 161 | 13 |
| 5. 2021 | XXX | XXX | XXX | 189 | 63 |
| 6. 2022 | XXX | XXX | XXX | XXX | 61 |

Section C - Credit Accident and Health

| | | | | | |
|----------------|-----|----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2018 | | | | | |
| 3. 2019 | XXX | | | | |
| 4. 2020 | XX | X | | | |
| 5. 2021 | XX | XX | XXX | | |
| 6. 2022 | XXX | XX | | XXX | |

Section D -

| | | | | | |
|----------------|-----|----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2018 | | | | | |
| 3. 2019 | XXX | | | | |
| 4. 2020 | XX | X | | | |
| 5. 2021 | XX | XX | XXX | | |
| 6. 2022 | XXX | XX | | XXX | |

Section E -

| | | | | | |
|----------------|-----|----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2018 | | | | | |
| 3. 2019 | XXX | | | | |
| 4. 2020 | XX | X | | | |
| 5. 2021 | XX | XX | XXX | | |
| 6. 2022 | XXX | XX | | XXX | |

Section F -

| | | | | | |
|----------------|-----|----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2018 | | | | | |
| 3. 2019 | XXX | | | | |
| 4. 2020 | XX | X | | | |
| 5. 2021 | XX | XX | XXX | | |
| 6. 2022 | XXX | XX | | XXX | |

Section G -

| | | | | | |
|----------------|-----|----|-----|-----|--|
| 1. Prior | | | | | |
| 2. 2018 | | | | | |
| 3. 2019 | XXX | | | | |
| 4. 2020 | XX | X | | | |
| 5. 2021 | XX | XX | XXX | | |
| 6. 2022 | XXX | XX | | XXX | |

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

Supplement Schedule O - Part 2 Section A

N O N E

Supplement Schedule O - Part 2 Section B

N O N E

Supplement Schedule O - Part 2 Section C

N O N E

Supplement Schedule O - Part 2 Section D

N O N E

Supplement Schedule O - Part 2 Section E

N O N E

Supplement Schedule O - Part 2 Section F

N O N E

Supplement Schedule O - Part 2 Section G

N O N E

SUPPLEMENT FOR THE YEAR 2022 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 2018 | 2 2019 | 3 2020 | 4 2021 | 5 2022 |
| 1. 2018 | 1,135 | 501 | 234 | XXX..... | XXX..... |
| 2. 2019 | XXX..... | 942 | 423 | 40..... | XXX..... |
| 3. 2020 | XXX..... | XXX..... | 972 | 400..... | 144..... |
| 4. 2021 | XXX..... | XXX..... | XXX..... | 862..... | 318..... |
| 5. 2022 | XXX..... | XXX..... | XXX..... | XXX..... | 939..... |

Section B - Other Accident and Health

| | | | | | |
|---------------|----------|----------|----------|----------|----------|
| 1. 2018 | 254 | 199 | 106 | XXX..... | XXX..... |
| 2. 2019 | XXX..... | 250 | 197 | 107..... | XXX..... |
| 3. 2020 | XXX..... | XXX..... | 252 | 300..... | 104..... |
| 4. 2021 | XXX..... | XXX..... | XXX..... | 372..... | 199..... |
| 5. 2022 | XXX..... | XXX..... | XXX..... | XXX..... | 242..... |

Section C - Credit Accident and Health

| | | | | | |
|---------------|----------|----|-----|----------|----------|
| 1. 2018 | | | | XXX..... | XXX..... |
| 2. 2019 | XXX..... | | | | XXX..... |
| 3. 2020 | XXX..... | | | | |
| 4. 2021 | XXX..... | | | | |
| 5. 2022 | XXX..... | XX | XXX | XXX..... | |

Section D -

| | | | | | |
|---------------|----------|----|-----|----------|----------|
| 1. 2018 | | | | XXX..... | XXX..... |
| 2. 2019 | XXX..... | | | | XXX..... |
| 3. 2020 | XXX..... | | | | |
| 4. 2021 | XXX..... | XX | XXX | | |
| 5. 2022 | XXX..... | XX | XXX | XXX..... | |

Section E -

| | | | | | |
|---------------|----------|----|-----|----------|----------|
| 1. 2018 | | | | XXX..... | XXX..... |
| 2. 2019 | XXX..... | | | | XXX..... |
| 3. 2020 | XXX..... | | | | |
| 4. 2021 | XXX..... | XX | XXX | | |
| 5. 2022 | XXX..... | XX | XXX | XXX..... | |

Section F -

| | | | | | |
|---------------|----------|----|-----|----------|----------|
| 1. 2018 | | | | XXX..... | XXX..... |
| 2. 2019 | XXX..... | | | | XXX..... |
| 3. 2020 | XXX..... | | | | |
| 4. 2021 | XXX..... | XX | XXX | | |
| 5. 2022 | XXX..... | XX | XXX | XXX..... | |

Section G -

| | | | | | |
|---------------|----------|----|-----|----------|----------|
| 1. 2018 | | | | XXX..... | XXX..... |
| 2. 2019 | XXX..... | | | | XXX..... |
| 3. 2020 | XXX..... | | | | |
| 4. 2021 | XXX..... | XX | XXX | | |
| 5. 2022 | XXX..... | XX | XXX | XXX..... | |

SUPPLEMENT FOR THE YEAR 2022 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 2018 | 2 2019 | 3 2020 | 4 2021 | 5 2022 |
| 1. 2018 | 1,135 | 501 | 234 | 188 | 194 |
| 2. 2019 | XXX | 942 | 423 | 40 | 20 |
| 3. 2020 | XXX | XXX | 972 | 400 | 144 |
| 4. 2021 | XXX | XXX | XXX | 862 | 318 |
| 5. 2022 | XXX | XXX | XXX | XXX | 939 |

Section B - Other Accident and Health

| | | | | | |
|---------------|-----|-----|-----|-----|-----|
| 1. 2018 | 254 | 199 | 106 | 111 | 104 |
| 2. 2019 | XXX | 250 | 197 | 107 | 108 |
| 3. 2020 | XXX | XXX | 252 | 300 | 104 |
| 4. 2021 | XXX | XXX | XXX | 372 | 199 |
| 5. 2022 | XXX | XXX | XXX | XXX | 242 |

Section C - Credit Accident and Health

| | | | | | |
|---------------|-----|-----|-----|-----|--|
| 1. 2018 | | | | | |
| 2. 2019 | XXX | | | | |
| 3. 2020 | XXX | | | | |
| 4. 2021 | XXX | XXX | | | |
| 5. 2022 | XXX | XXX | XXX | XXX | |

Section D -

| | | | | | |
|---------------|-----|-----|-----|-----|--|
| 1. 2018 | | | | | |
| 2. 2019 | XXX | | | | |
| 3. 2020 | XXX | | | | |
| 4. 2021 | XXX | XXX | | | |
| 5. 2022 | XXX | XXX | XXX | XXX | |

Section E -

| | | | | | |
|---------------|-----|-----|-----|-----|--|
| 1. 2018 | | | | | |
| 2. 2019 | XXX | | | | |
| 3. 2020 | XXX | | | | |
| 4. 2021 | XXX | XXX | | | |
| 5. 2022 | XXX | XXX | XXX | XXX | |

Section F -

| | | | | | |
|---------------|-----|-----|-----|-----|--|
| 1. 2018 | | | | | |
| 2. 2019 | XXX | | | | |
| 3. 2020 | XXX | | | | |
| 4. 2021 | XXX | XXX | | | |
| 5. 2022 | XXX | XXX | XXX | XXX | |

Section G -

| | | | | | |
|---------------|-----|-----|-----|-----|--|
| 1. 2018 | | | | | |
| 2. 2019 | XXX | | | | |
| 3. 2020 | XXX | | | | |
| 4. 2021 | XXX | XXX | | | |
| 5. 2022 | XXX | XXX | XXX | XXX | |

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

| Line of Business | 1 Methodology | 2 Amount |
|-------------------------------------|------------------|-------------|
| 1. Industrial Life | Other | 183,198 |
| 2. Ordinary Life | | |
| 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 | | 183,198 |