

1.) CORPORATION NAME:

NATIONWIDE ASSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **4/29/2011**

SCC ID NO: **F0379810**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE NATIONWIDE PLAZA

CITY/ST/ZIP: COLUMBUS, OH 43215-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KATHERINE A MABE
TITLE: PRESIDENT
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: CAROL L. DOVE
TITLE: VP/TREASURER
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: ROBERT W. HORNER, III
TITLE: VP-CORP GOV/SEC
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: GALE V KING
TITLE: DIRECTOR
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: MICHAEL A LEX
TITLE: DIRECTOR
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: MARTHA L FRYE TITLE: SR VP ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK A. BERVEN TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK A PIZZI TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK R THRESHER TITLE: EVP - CFO ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TERRI L HILL TITLE: CAO/EVP ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ROBERT W. HORNER, III _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W. HORNER, III, VP- CORP GOV/SEC _____ PRINTED NAME AND CORPORATE TITLE
2/22/2011 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	