

1.) CORPORATION NAME:

NATIONWIDE LIFE AND ANNUITY INSURANCE 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: **11/30/2010**

SCC ID NO: **F0443616**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	66,000

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

4.) STATE OR COUNTRY OF INCORPORATION:
OH

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: PETER A GOLATO
TITLE: SR VP
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: HARRY H HALLOWELL
TITLE: SR VP/TREAS
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: MARK R THRESHER
TITLE: EVP
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: TIMOTHY G FROMMEYER
TITLE: CFO/SVP
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

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.

<u>/s/ ROBERT W HORNER III</u>	<u>ROBERT W HORNER III, VP/S</u>	<u>10/13/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.