

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: **11/30/2011**

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: KIRT A WALKER  
TITLE: PRES/COO  
ADDRESS: ONE NATIONWIDE PLAZA  
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: HARRY H HALLOWELL  
TITLE: SVP/Treasurer  
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.

/s/ ROBERT W HORNER, III  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

ROBERT W HORNER, III,  
VP/CG/SEC  
PRINTED NAME AND CORPORATE  
TITLE

10/31/2011  
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.