

SERFF Tracking Number: NWPA-125596007 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 38596
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: NWLA-399, Amendatory Endorsement
Project Name/Number: /

Filing at a Glance

Company: Nationwide Life and Annuity Insurance Company

Product Name: NWLA-399, Amendatory Endorsement SERFF Tr Num: NWPA-125596007 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 38596

Adjustable Life

Sub-TOI: L09I.002 Joint (Last Survivor)

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Dan Gallion, Carrie Ruhlen Disposition Date: 04/11/2008

Date Submitted: 04/05/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/11/2008

State Status Changed: 04/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Form NWLA-399, Amendatory Endorsement

NAIC#: 92657

Enclosed for filing, subject to your approval, is form NWLA-399. This is a new form and will replace form NWLA-11-A only for NWLA-400-M2, our Last Survivor Flexible Premium Adjustable Universal Life Insurance Policy, approved in your

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department on 08-13-07. NWLA-11-A will still be used with our other non-survivorship products.

This endorsement will be used for any Death Benefit Proceeds not paid within thirty days after we receive Proof of Death for both Insureds. The revised endorsement language better fits with this policy form.

This form has been written in a readable fashion and has a Flesch score of 56.9.

Thank you for your attention to this filing. Please feel free to call me at 1-800-882-2822 (ext. 98116) if you have any questions.

Company and Contact

Filing Contact Information

Dan Gallion, Compliance Specialist galliod@nationwide.com
 One Nationwide Plaza (614) 249-8116 [Phone]
 Columbus, OH 43215 (614) 249-1199[FAX]

Filing Company Information

Nationwide Life and Annuity Insurance Company	CoCode: 92657	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type:
1-10-03		
Columbus, OH 43215	Group Name:	State ID Number:
(800) 882-2822 ext. [Phone]	FEIN Number: 31-1000740	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life and Annuity Insurance Company	\$50.00	04/05/2008	19324870

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/11/2008	04/11/2008

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Disposition

Disposition Date: 04/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWPA-125596007 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter		Yes
Form	Death Benefit Proceeds Interest Endorsement		Yes

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Form Schedule

Lead Form Number: NWLA-399

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NWLA-399	Policy/Cont	Death Benefit ract/Fratern Proceeds Interest al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57	NWLA-399.pdf



NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
One Nationwide Plaza
Columbus, Ohio 43215-2220

Death Benefit Proceeds Interest Endorsement

If the Death Benefit Proceeds of this Policy are not paid within thirty days after we receive Proof of the Death for both Insured's, interest will be paid from the date of death of the second Insured to die to the date the Death Benefit Proceeds are paid at an annual interest rate of eight percent.

A handwritten signature in black ink, appearing to be "D. E. B.", written in a cursive style. It is located on the left side of the page, above the title "Secretary".

Secretary

A handwritten signature in black ink, reading "Mark R. Frank", written in a cursive style. It is located on the right side of the page, above the title "President".

President

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice **04/05/2008**
Comments:
 Certification
Attachment:
 AR CERT NWLA.pdf

Review Status:

Satisfied -Name: Application **04/05/2008**
Comments:
 Approved application forms for this product:
 L-4736-99, Application for Life Insurance Approved 01-15-03
 LAA-0101AR, Short Form Application for Life Insurance Part I Approved 02-19-04
 LAA-0102AR, Short Form Application for Life Insurance Part II Approved 02-19-04

Review Status:

Bypassed -Name: Health - Actuarial Justification **04/05/2008**
Bypass Reason: Endorsement filing only.
Comments:

Review Status:

Bypassed -Name: Outline of Coverage **04/05/2008**
Bypass Reason: N/A. Life filing only.
Comments:

Review Status:

Satisfied -Name: Cover Letter **04/05/2008**
Comments:
 Cover Letter
Attachment:



ARKANSAS
Certificate of Compliance

Insurer Nationwide Life and Annuity Insurance Company

Form Numbers: NWLA-399, Death Benefit Proceeds Interest Endorsement

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

You have our assurance that any maximum cost of insurance changes and/or any minimum accumulation rates will be re-filed with the department

These forms also meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, appearing to read "John H. Crow". The signature is fluid and cursive, with a large loop at the end.

John H. Crow, ChFC, CLU, FLMI
Associate Vice President
NF Compliance
Date: 04-05-08



April 5, 2008

The Honorable Julie Benafield Bowman
Insurance Commissioner
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Form NWLA-399, Death Benefit Proceeds Interest Endorsement
NAIC#: 92657

Dear Madam:

Enclosed for filing, subject to your approval, is form NWLA-399, Death Benefit Proceeds Interest. This is a new form and will replace endorsement form NWLA-11-A only for NWLA-400-M2, our Last Survivor Flexible Premium Adjustable Universal Life Insurance Policy, approved in your department on 08-13-07. Endorsement form NWLA-11-A will still be used with our other non-survivorship products.

This endorsement will be used for any Death Benefit Proceeds not paid within thirty days after we receive Proof of Death for both Insureds. The revised endorsement language better fits with this policy form.

This form has been written in a readable fashion and has a Flesch score of 56.9.

Thank you for your attention to this filing. Please feel free to call me at 1-800-882-2822 (ext. 98116) if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Dan Gallion". The signature is written in a cursive, flowing style.

Dan Gallion
Specialist
NF Regulatory Filings &
Operations Team, 1-10-03
Phone: (614) 249-8116
Fax: (614) 249-1199
E-Mail: galliod@nationwide.com

DG

Enclosures:

1. Filing Letter
2. Filing Fee - EFT
3. Readability Certification
4. Form NWLA-399, Death Benefit Proceeds Interest Endorsement

Nationwide Life and Annuity Insurance Company
Home Office: One Nationwide Plaza • Columbus, Ohio 43215-2220