

SERFF Tracking Number: NWFA-126456697 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44602
Company Tracking Number: VAA-0113AO.2
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: marketFLEX Advisor Application Filing
Project Name/Number: /

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: marketFLEX Advisor SERFF Tr Num: NWFA-126456697 State: Arkansas

Application Filing

TOI: A03I Individual Annuities - Deferred SERFF Status: Closed-Approved- State Tr Num: 44602
Variable Closed

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VAA-0113AO.2

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Todd Beshara, Amy Disposition Date: 01/19/2010

Burchette, Angela D. Cox, Jenny

Christiansen, Andrea Sgobbo,

Sandra Davies, Julie Eaton, Dan

Gallion, Grace Holland, Cindy

Malloy, Leonja Merritt, Kristin

Nixon, Clara Pollard, Carrie Ruhlen,

Georgia Sollars, Darcy Spangler,

Gayla Pace, Natalie Walden,

Drema Wallace, EDS EDSSupport,

Leslie Hernandez

Date Submitted: 01/15/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 05/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Concurrently being
filed in Nationwide's state of domicile, Ohio.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/19/2010

Explanation for Other Group Market Type:

State Status Changed: 01/19/2010

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Deemer Date: Created By: Clara Pollard
Submitted By: Grace Holland Corresponding Filing Tracking Number:
Filing Description:
RE: Nationwide Life Insurance Company
NAIC # 66869 FEIN 31-4156830 NAIC Group # 140

Individual Deferred Variable Annuity Application Filing

Application VAA-0113AO.1

Contract Specifications Page VAB-0120AO.1

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced forms for general use and approval by the Department of Insurance (the "Department"). Upon approval by the Department, Nationwide will begin utilizing these forms May 1, 2010.

The above referenced forms will be issued with the previously approved individual flexible purchase payment variable deferred annuity contract VAC-0111AO, approved by the Department on 2/15/2007. The forms will be distributed through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The base contract is written for non-qualified issuance only, but may also be sold as (with appropriate tax endorsement) an IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401(a) (investment only), non-ERISA 403(b) tax sheltered annuity, or Charitable Remainder Trust (CRT).

Nationwide is refiling the application and contract specifications page as we no longer wish to offer the previously approved Option, Dynamic Advantage Program (DAP) (VAR-0126AO) with the contract.

Description of the Application

Application - (VAA-0113AO.1), the Application is for use with the filed Contract and is included in this filing for the Department's approval.

Description of the Contract Specifications Page

Contract Specifications Page - (VAB-0120AO.1), the Contract Specifications Pages is for use with the filed Contract and is included in this filing for the Department's approval.

Target Market

SERFF Tracking Number: NWFA-126456697 State: Arkansas
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The Contract is designed for sophisticated contract owners who want to market time their investments either through an individual request or through a market timing service. The contract utilizes Rydex sub-accounts that are designed to be actively traded according to the contract owner's asset allocation strategy.

Items Bracketed as Variable

Application

- The post office box and zip code found in the address is bracketed as well as the phone number, as they may change over time.
- The marketing name and product identifier number in the bottom right-hand corner are bracketed as other proprietary relationships may decide to market this product.
- The contract type is bracketed. The text in this field will vary depending on the contract type elected at the time of application.
- The underlying mutual fund options are bracketed in section 4 to allow fund name changes or to add/delete funds from this product.

Please note: The marks located in the upper left and lower right-hand corners on each page of the applications are formatting marks and do not represent variability.

Contract Specifications Page

The bracketed items on the Contract Specifications Page are customized for each contract based on the information provided by the contract owner at time of application.

The Total Variable Account Charges are bracketed and are based the Variable Account Charge and the options selected.

Other Information

Nationwide will utilize the following previously approved forms with the Contract.

VAR-0133AO 3% Extra Value Option

VAR-0134AO 4% Extra Value Option

VAR-0135AO Return of Premium Enhanced Death Benefit Option

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VAZ-0148AO Individual Retirement Annuity Endorsement
APO-6326 Roth Individual Retirement Annuity Endorsement
APO-6328 Qualified Plan Endorsement
APO-6329 SIMPLE Individual Retirement Annuity Endorsement
APO-6296 Charitable Remainder Trust Annuity Endorsement

Nationwide certifies that, to the best of its knowledge and belief, the forms submitted comply with all of the laws and regulations of your state.

Nationwide's printers use various fonts and layouts; therefore, Nationwide reserves the right to format the pages of these forms to conform to the printer's requirements. No change in language will occur, only a possible page break or page renumbering.

Company and Contact

Filing Contact Information

Clara Pollard, Sr. Compliance Analyst, pollarc@nationwide.com
Corporate Compliance
PO Box 182455 800-691-0023 [Phone] 94507 [Ext]
1-33-102 614-249-2112 [FAX]
Columbus, OH 43272-8921

Filing Company Information

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio
PO Box 182455 Group Code: 140 Company Type:
1-33-102 Group Name: State ID Number:
Columbus, OH 43272-8921 FEIN Number: 31-4156830
(800) 691-0023 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: 2 forms x \$20.00 = \$40.00

SERFF Tracking Number: NWFA-126456697 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44602
Company Tracking Number: VAA-0113AO.2
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: marketFLEX Advisor Application Filing
Project Name/Number: /
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$40.00	01/15/2010	33575417

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Company Tracking Number: VAA-0113AO.2
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: marketFLEX Advisor Application Filing
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/19/2010	01/19/2010

SERFF Tracking Number: NWFA-126456697 State: Arkansas
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Company Tracking Number: VAA-0113AO.2
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: marketFLEX Advisor Application Filing
Project Name/Number: /

Disposition

Disposition Date: 01/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: marketFLEX Advisor Application Filing
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes
Form	Contract Specifications Page		Yes

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Form Schedule

Lead Form Number: VAA-0113AO.2

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VAA-0113AO.1	Application/ Enrollment Form	Revised	Replaced Form #: VAA-0113AO Previous Filing #:	0.000	VAA-0113AO.1 Bracketed John Doe.pdf
	VAA-0120AO.1	Policy/Cont Contract ract/Fratern Specifications Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: VAB-0120AO Previous Filing #:	0.000	VAB-0120AO.1.pdf

P.O. Box [182021]
 Columbus, OH [43218-2021]
 [1-866-233-3223]

Application for
**Individual Flexible Purchase Payment
 Variable Deferred Annuity**
 Minimum Initial Purchase Payment of \$10,000

1. Parties to the Contract *Please print.*

1a. Contract Owner

First Name: [John] MI: [Q] Last Name: [Doe]
 Employer/Trust Name (if applicable): [_____
(Additional forms required. See the New Business enrollment packet.)
 Date of Birth: [02/02/63] Sex: M F Soc. Sec. No. or Tax ID: [1][2][3][4][5][6][7][8][9]
 Street: [123 Anystreet]
 City: [Anycity] State: [Anystate] ZIP: [12345]

1b. Joint/Contingent Owner

Check **one** box only: Joint Owner *(Limited to spouses, except in HI.)*
 Contingent Owner *(Available only with Non-Qualified Contracts.)*
 First Name: [_____] MI: [_____] Last Name: [_____]

 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [_____] - [_____]

 Address: Same address as Contract Owner Street: [_____]

 City: [_____] State: [_____] ZIP: [_____]

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: [_____] MI: [_____] Last Name: [_____]

 Relationship to Contract Owner: [_____]

 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [_____] - [_____]

 Address: Same address as Contract Owner Street: [_____]

 City: [_____] State: [_____] ZIP: [_____]

1d. Co-Annuitant *(Must be age 75 or younger.)*

Same as Joint Owner
 First Name: [_____] MI: [_____] Last Name: [_____]

 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [_____] - [_____]

 Address: Same address as Contract Owner Street: [_____]

 City: [_____] State: [_____] ZIP: [_____]

1e. Contingent Annuitant *(Must be age 85 or younger.)*

First Name: [_____] MI: [_____] Last Name: [_____]

 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [_____] - [_____]

 Address: Same address as Contract Owner Street: [_____]

 City: [_____] State: [_____] ZIP: [_____]



1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.

Check one: First Name: MI: Last Name:
 Primary Relationship to Annuitant: Allocation (whole % only): %
 Contingent Social Security Number: Date of Birth:

Check one: First Name: MI: Last Name:
 Primary Relationship to Annuitant: Allocation (whole % only): %
 Contingent Social Security Number: Date of Birth:

Check one: First Name: MI: Last Name:
 Primary Relationship to Annuitant: Allocation (whole % only): %
 Contingent Social Security Number: Date of Birth:

If more than three Beneficiaries, list additional names on Beneficiary Options form (in New Business Enrollment Forms Packet).

2. Contract Information**2a. Contract Type** Must specify by checking a box.

- | | | | |
|---|----------------------|--|----------------------|
| <input checked="" type="checkbox"/> Non-Qualified | <input type="text"/> | <input type="checkbox"/> SEP IRA* | <input type="text"/> |
| <input type="checkbox"/> IRA – Tax Year: | <input type="text"/> | <input type="checkbox"/> 401(a)* (Investment Only) | |
| <input type="checkbox"/> Roth IRA – Tax Year: | <input type="text"/> | <input type="checkbox"/> 403(b) TSA* (Non-ERISA only) | |
| <input type="checkbox"/> SIMPLE IRA* | | <input type="checkbox"/> CRT* (Charitable Remainder Trust) | |

*Additional forms required.

2b. Transfer Authorization for Registered Representative

By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

2c. Waiver of Transaction Confirmation

- Contract Owner:** I elect not to receive my transaction confirmations.
- Registered Representative:** I elect not to receive my transaction confirmations.



2d. Purchase Payment

Approximate Amount: \$ 10,000 (\$10,000 initial minimum.)

Payment Submitted Via: Check Wire 1035(a) Exchange* Transfer/Rollover*

*Additional forms required. Please see the New Business Enrollment Packet.

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. Death Benefits *Includes a Standard Death Benefit unless an Enhanced Death Benefit is elected.*

I elect: Return of Premium Enhanced Death Benefit Option (Annuitant/Co-Annuitant, age 75 or younger.)

3b. Extra Value *Not available in MN.*

I elect (choose only one): 3% Extra Value Option
 4% Extra Value Option

4. Purchase Payment Allocation and Disclosures *Must be whole percentages and must add up to 100%.*

Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.

Consult your prospectus for reference to Share Class.

Nationwide Variable Insurance Trust (NVIT)	Rydex Variable Trust
% NVIT Money Market Fund II	% Inverse S&P 500 Strategy Fund
Rydex Variable Trust	% Japan 2x Strategy Fund
% All-Cap Opportunity Fund	% Leisure Fund
% Alternative Strategies Allocation Fund	% Managed Futures Strategy Fund
% Banking Fund	% Mid-Cap 1.5x Strategy Fund
% Basic Materials Fund	% Multi-Cap Core Equity Fund
% Biotechnology Fund	% Multi-Hedge Strategies Fund
% CLS AdvisorOne Amerigo Fund	% NASDAQ-100® 2x Strategy Fund
% CLS AdvisorOne Berolina Fund	% NASDAQ-100® Fund
% CLS AdvisorOne Clermont Fund	% Nova Fund
% Commodities Strategy Fund	% Precious Metals Fund
% Consumer Products Fund	% Real Estate Fund
% Dow 2x Strategy Fund	% Retailing Fund
% Electronics Fund	% Russell 2000® 1.5x Strategy Fund
% Energy Fund	% S&P 500 2x Strategy Fund
% Energy Services Fund	% S&P 500 Pure Growth Fund
% Europe 1.25x Strategy Fund	% S&P 500 Pure Value Fund
% Financial Services Fund	% S&P MidCap 400 Pure Growth Fund
% Government Long Bond 1.2x Strategy Fund	% S&P MidCap 400 Pure Value Fund
% Health Care Fund	% S&P SmallCap 600 Pure Growth Fund
% International Opportunity Fund	% S&P SmallCap 600 Pure Value Fund
% Internet Fund	% Strengthening Dollar 2x Strategy Fund
% Inverse Dow 2x Strategy Fund	% Technology Fund
% Inverse Government Long Bond Strategy Fund	% Telecommunications Fund
% Inverse Mid-Cap Strategy Fund	% Transportation Fund
% Inverse NASDAQ-100® Strategy Fund	% Utilities Fund
% Inverse Russell 2000® Strategy Fund	% Weakening Dollar 2x Strategy Fund



5. State Disclosures

Notice to MN, ND, SC, SD and TX Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor, as applicable, and is not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, LA, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to PR Residents: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Notice to OK Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to MD Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

6. Contract Owner Signatures and Authorizations

Yes No Do you have existing life insurance or annuity contracts?

Yes No Will the applied for Contract replace any existing life insurance or annuity contracts?

STOP If you answered "yes" to EITHER question above, your state may require NAIC replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC replacement forms.

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

STOP Contract Owner Must Sign Here:

X John Q. Doe

Joint Owner Signature (if any): X

State In Which Application Was Signed: Anystate Date: May 1, 2010

Contract Owner's Daytime Phone Number: (222) 222-2222

Contract Owner's E-mail Address: jdoe@abccompany.com



7. Registered Representative Information

7a. Primary Registered Representative Information *(Please print.)*



- Yes No Are you aware of any existing annuities or insurance owned by the applicant?
 Yes No Will the applied for Contract replace any existing life insurance or annuity contracts?

First Name: MI: Last Name:

Phone: Percentage

E-mail:

Broker/Dealer Name:

SSN #: (Not required if Broker and Broker Dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: Date:

Principal's Signature: Date:

7b. Additional Registered Representative Information *(Please print.)*



- Yes No Are you aware of any existing annuities or insurance owned by the applicant?
 Yes No Will the applied for Contract replace any existing life insurance or annuity contracts?

First Name: MI: Last Name:

Phone: Percentage

E-mail:

Broker/Dealer Name:

SSN #: (Not required if Broker and Broker Dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: Date:

Principal's Signature: Date:



CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

Contract Owner: [John Doe]	Contract Number: [01-000000000]
Annuitant: [John Doe]	Annuity Commencement Date: [February 1, 2057]
Date of Issue: [May 1, 2010]	Annuitant Date of Birth: [February 2, 1967]
Contract Type: [Non-Qualified]	Contract Owner Date of Birth: [February 2, 1967]
Purchase Payment: [\$10,000]	Joint Owner: [N/A]

CONTRACT SPECIFICATIONS

Minimum Additional Purchase Payment: \$500	*Variable Account Charge: 0.45%
Minimum Annuity Benefit Payment: \$20	

OPTION(S) ELECTED

(denoted by [x])

Return of Premium Enhanced Death Benefit Option	0.20%	[]
3% Extra Value Option	0.40%	[X]
4% Extra Value Option	0.55%	[]

TOTAL VARIABLE ACCOUNT CHARGE FOR YOUR CONTRACT: [0.85%]

*The base Variable Account Charge noted above does not include charges associated with any optional features you have elected. These charges are added to the base Variable Account Charge.

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A - This is an application and contract specifications page filing for a variable annuity which is subject to federal jurisdiction.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Application is attached under Form Schedule tab.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Actuarial Memo		
Bypass Reason: Actuarial materials are not required as this filing does not impact the pricing structure or reserving methods for this product.		
Comments:		