

SERFF Tracking Number: NWP-126592544 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 45481
Company Tracking Number: COLI-4011, INSURANCE SCHEDULE
TOI: L06G Group Life - Variable Sub-TOI: L06G.002 Single Life - Flexible Premium
Product Name: COLI-4011, Insurance Schedule
Project Name/Number: COLI-4011, Insurance Schedule/COLI-4011, Insurance Schedule

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: COLI-4011, Insurance Schedule SERFF Tr Num: NWP-126592544 State: Arkansas

TOI: L06G Group Life - Variable SERFF Status: Closed-Approved- State Tr Num: 45481
Closed

Sub-TOI: L06G.002 Single Life - Flexible Co Tr Num: COLI-4011, State Status: Approved-Closed
Premium INSURANCE SCHEDULE

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Amy Burchette, Sandra Davies, Dan Gallion, Carrie Ruhlen, Georgia Sollars, Drema Wallace, EDS EDSSupport, Leslie Hernandez

Disposition Date: 04/22/2010

Date Submitted: 04/22/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: COLI-4011, Insurance Schedule
Project Number: COLI-4011, Insurance Schedule
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/22/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 04/22/2010

Created By: Carrie Ruhlen

Corresponding Filing Tracking Number: COLI-4011, Insurance Schedule

Deemer Date:

Submitted By: Carrie Ruhlen

Filing Description:

Re: COLI-4011, Insurance Schedule

NAIC #66869

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Enclosed for filing, subject to your approval, is form COLI-4011, Insurance Schedule. This is a new form and does not replace any existing forms. This application will be used in conjunction with our currently approved form VLO-0781-M2, Group Private Placement (approved 01-08-08, SERFF Tracking # NWPA-125407405, State Tracking #37754). We would like this application to be effective upon approval.

This form is an exhibit that details the census of the case profile, where the listing of each Insured's name, risk class, Specified Amount and other pertinent data is included. This information is used to help summarize the relevant insurance amounts on each Insured.

This form is being filed concurrently in our state of domicile. Form COLI-4011 is exempt from Flesch scoring.

Thank you in advance for your attention to this matter. Please call me if you have any questions on this filing.

Enclosures:

1. Fee
2. Certification
3. Form COLI-4011, Insurance Schedule

Company and Contact

Filing Contact Information

Carrie Ruhlen, Compliance Specialist ruhlenc@nationwide.com
One Nationwide Plaza 614-249-8042 [Phone]
1-33-102 614-249-1199 [FAX]
Columbus, OH 43215

Filing Company Information

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio
One Nationwide Plaza Group Code: 140 Company Type:
1-10-03 Group Name: State ID Number:
Columbus, OH 43215 FEIN Number: 31-4156830
(800) 882-2822 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes

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Fee Explanation: \$50.00 per form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	04/22/2010	35871867

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/22/2010	04/22/2010

SERFF Tracking Number: *NWPA-126592544* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *45481*
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Disposition

Disposition Date: 04/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *NWPA-126592544* *State:* *Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Insurance Schedule		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	COLI-4011	Application/ Insurance Schedule Enrollment Form	Initial		0.000	COLI-4011_jd.pdf



INSURANCE SCHEDULE FOR CORPORATE MASTER APPLICATION

Nationwide Life Insurance Company • Corporate Insurance Markets, 1-11-401
• One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808

Section 1 CORPORATION INFORMATION

Corporation Name: _____

Insurance Schedule for: _____, Owner

Section 2 INSURED INFORMATION

No.	Insured Last Name	Insured First Name	Social Security No.	Date Of Birth	Age as of (Date) MM/DD/YYYY	Sex M/F	Smoking Status (N/S)	Planned Annual Premium	Other Premium Paid at Issue	Specified Amount	Death Benefit Option (1/2/3)
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The following shall constitute a separate application and shall become a part of each policy or certificate issued on the above individuals:

- 1) This Insurance Schedule
- 2) Master Application
- 3) Variable Supplement
- 4) Consent to Insurance Forms

Policy or Certificate Date: _____

The **Policy or Certificate Owner certifies** that the above information is complete and true to the best of its knowledge and belief.

The **Employer certifies** that, as of the Policy Date and the date Nationwide receives the initial premium, all of the above individuals were actively at work full time at least 30 hours or more per week, at their usual place of employment and have not missed a total of four or more days due to illness or injury or been hospitalized in the past 90 days.

Signature of **Owner (Authorized Officer/Trustee)**

Printed Name and Title of the **Owner's Authorized Officer/Trustee**

Signed at City/State

Date

Signature of **Employer (Authorized Officer)** (if other than the Owner)

Printed Name and Title of the **Employer's Authorized Officer**

Signed at City/State

Date

In accordance with the policy provisions, the Policy Date is the effective date for all coverage. The above individuals must satisfy the Actively-at-Work criteria as of the Policy Date and the date Nationwide receives the initial premium. In the event a policy or certificate is issued on any individual who does not meet this requirement, the policy or certificate will be treated as if it were never issued. Under these circumstances, Nationwide's liability will be limited to a refund of the amount specified by the laws of the state in which the contract was issued.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR CERT.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: The application is submitted in the Forms Tab.		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Not applicable. Comments:		



ARKANSAS

Certificate of Compliance

Insurer Nationwide Life Insurance Company

Form Numbers: COLI-4011, Insurance Schedule

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.

This form is exempt from 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".

John H. Crow, ChFC, CLU, FLMI
Associate Vice President
NF Compliance
Date: 04-21-2010

Nationwide Life Insurance Company

Home Office: One Nationwide Plaza • Columbus, Ohio 43215-2220