

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 01/01/1958
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NATIONWIDE MUTUAL INSURANCE COMPANY ONE NATIONWIDE PLAZA 1-04-403 COLUMBUS, OH 43215-2220
2b	Employer Identification Number (EIN) 31-4177100
2c	Sponsor's telephone number 614-249-6184
2d	Business code (see instructions) 524210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2010	TARA COLOMBINI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2010	JOANNE MCGOLDRICK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

ADMINISTRATIVE COMMITTEE

ONE NATIONWIDE PLAZA 1-04-403
COLUMBUS, OH 43215-2220**3b** Administrator's EIN

31-0882712

3c Administrator's telephone number

614-249-6184

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

1121

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

0

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

553

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

553

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

553

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

553

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2C 2F 2G 3H 2R 2T 3F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500. NATIONWIDE MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 31-4177100	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-96-JN03		12/31/2008	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	25595988
c	Additions: (1) Contributions deposited during the year	7c(1)	2311263
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	886283
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	3197546
d	Total of balance and additions (add b and c(6)).	7d	28793534
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14731864
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	14731864
f	Balance at the end of the current year (subtract e(5) from d)	7f	14061670

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 31-4177100	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SCHWAB RETIREMENT PLAN SERVICES CO.

74-2279754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 16 36 37 38 50 64	THIRD PARTY ADM	38430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

KPMG

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING	28578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21 25 50	TRUSTEE	10307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2009 This Form is Open to Public Inspection.	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN				B Three-digit plan number (PN) ▶ 004	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NATIONWIDE MUTUAL INSURANCE COMPANY				D Employer Identification Number (EIN) 31-4177100	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE GROUP RETIREMENT TRUST					
b Name of sponsor of entity listed in (a): NATIONWIDE MUTUAL INSURANCE COMPANY					
c EIN-PN 20-4850145-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17856409	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN	B Three-digit plan number (PN)	004
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONWIDE MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 31-4177100	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	75236	24638
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	322252	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	23636206	17856409
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	25595988	14061670
(15) Other	1c(15)	1911406	918859

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	51541088	32861576

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	65448	46137
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	65448	46137

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51475640	32815439
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	886283	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		886283

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		6441574
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		180667
d Total income. Add all income amounts in column (b) and enter total.....	2d		7508524

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26091410	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		26091410
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	54921	
(2) Contract administrator fees	2i(2)	22394	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		77315
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		26168725

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-18660201
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KPMG, LLP

(2) EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONWIDE MUTUAL INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>31-4177100</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-4850145</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



**NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS
PENSION PLAN**

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report)

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN

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All other supplemental schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is nothing to report.



KPMG LLP
Suite 500
191 West Nationwide Blvd.
Columbus, OH 43215-2568

Independent Auditors' Report

The Administrative Committee
Nationwide Life Insurance Company of America
Producers Pension Plan:

We have audited the accompanying statements of net assets available for benefits of Nationwide Life Insurance Company of America Producer Pension Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

As further discussed in Note 3 to the financial statements, the Benefits Committee of Nationwide Mutual Insurance Company, the Plan Sponsor, voted on April 1, 2009 to terminate the Plan.

KPMG LLP

September 8, 2010

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN

Statements of Net Assets Available for Benefits December 31, 2009 (Liquidation Basis) and 2008

<i>(in thousands)</i>	December 31,	
	2009	2008
Assets		
Investments in Master Trust	\$ 17,856	\$ 23,636
Guaranteed investment fund issued by Nationwide Life Insurance Company	13,359	24,469
Self-directed brokerage accounts	918	1,912
Cash	25	75
Employer contribution receivable	-	322
Total assets	\$ 32,158	\$ 50,414
Liabilities		
Accrued expenses	46	65
Total liabilities	\$ 46	\$ 65
Net assets reflecting all investments at fair value	\$ 32,112	\$ 50,349
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	703	1,127
Net assets available for benefits	\$ 32,815	\$ 51,476

See accompanying notes to financial statements.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2009 (Liquidation Basis)

<i>(in thousands)</i>	Year Ended December 31, 2009
Investment income	
Income from Master Trust	\$ 6,442
Net appreciation in fair value of investments	181
Interest income	886
Total investment income	\$ 7,509
Benefits paid to participants or beneficiaries	26,092
Administrative expenses	78
Total deductions	\$ 26,170
Net decrease	\$ (18,661)
Net assets available for benefits	
Beginning of year	51,476
End of year	\$ 32,815

See accompanying notes to financial statements.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2009 (Liquidation Basis) and 2008

(1) Description of the Plan

The following description of the Nationwide Life Insurance Company of America Producers Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Termination

The Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). On April 1, 2009, the Benefits Committee of the Plan Sponsor approved the termination of the Plan, and all contributions under the Plan have ceased. As a result of the termination, all active participants as of November 1, 2007 are fully vested in their accounts. On July 1, 2009, a determination letter request was submitted on behalf of the Plan. Once the approved determination letter is received, it is the intent of the Plan Sponsor to distribute all of the assets under the Plan within one year of the date of such letter.

General

The Plan is a defined contribution plan for qualified agents of Nationwide Life Insurance Company of America as defined in the Plan document. The Plan is subject to the provisions of ERISA. Nationwide Mutual Insurance Company is the Plan Sponsor and Employer. The plan administrator is the Administrative Committee. Schwab Retirement Services Company is recordkeeper of the Plan.

The Bank of New York Mellon (BNY) is trustee and custodian of the Plan. The Plan is part of a master trust investment account, the Nationwide Group Retirement Trust (Master Trust) that was established effective October 1, 2002. All assets in the Plan are held by the Plan's trust. All Plan investments, except for the guaranteed investment fund (GIF), noninvested cash, and self-directed brokerage accounts are held in the Master Trust.

Contributions and Forfeitures

Effective January 1, 2009, contributions to the Plan have ceased. Previously, the Plan Sponsor was required to contribute annually to the Plan an amount, net of forfeitures, equal to 5.35% of such participant's eligible annual compensation up to 80% of the social security wage base rounded up to the highest \$100, plus 10.70% of participant compensation in excess of the social security taxable wage base up to a maximum compensation of \$230,000.

Allocations of employer contributions among available investment options were based on participant elections.

Forfeited nonvested accounts (including earnings) totaled less than \$0.1 million and \$0.2 million for the years ended December 31, 2009 and 2008, respectively. These amounts are used to reduce future employer contributions. The following is a rollforward schedule for the Plan years ended December 31:

<i>(in thousands)</i>	2009		2008	
Beginning balance, forfeited nonvested accounts	\$	2	\$	2
Forfeitures created during the Plan year		46		212
Forfeitures used to reduce employer contributions		-		(212)
Ending balance, forfeited nonvested accounts	\$	48	\$	2

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant or beneficiary may elect to receive a lump sum amount equal to the value of the participant's vested interest in their account, or have an annuity purchased on their behalf.

Participant Accounts

Each participant's account is credited with an allocation of the Employer's contribution and Plan earnings, and is charged with an allocation of asset management fees and certain other recordkeeping expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2009 (Liquidation Basis) and 2008

Vesting

For contributions attributable to Plan years commencing prior to January 1, 2007, such amounts become 100% vested after completing five years of service. For contributions attributable to Plan years commencing on or after January 1, 2007, such amounts are vested on a pro rata basis over six years of service. Effective November 1, 2007, all active participants in the Plan are 100% vested.

(2) Summary of Significant Accounting Policies

In June 2009, the Financial Accounting Standards Board (FASB) issued guidance under FASB Accounting Standards Codification (ASC) 105, *Generally Accepted Accounting Principles*, (Statement of Financial Accounting Standards (SFAS) No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles – a replacement of FASB Statement No. 162*). The FASB ASC will be the single source of authoritative United States (U.S.) generally accepted accounting principles (GAAP) recognized by the FASB to be applied by nongovernmental entities. SFAS No. 168 and the FASB ASC are effective for financial statements issued for interim and annual periods ending after September 15, 2009. The FASB ASC supersedes all existing accounting and reporting standards not issued by the Securities and Exchange Commission (SEC). All other non-grandfathered, non-SEC accounting literature not included in the FASB ASC has become non-authoritative. Following SFAS No. 168, the FASB will no longer issue new standards in the form of Statements, FASB Staff Positions (FSPs), or Emerging Issues Task Force Abstracts. Instead, the FASB will issue Accounting Standards Updates (ASUs), which will serve only to update the FASB ASC, provide background information about the guidance, and provide the bases for conclusions on the change(s) in the FASB ASC. The Plan adopted SFAS No. 168 effective December 31, 2009. The adoption of this guidance will not have an impact on the Plan's financial statements but will alter the references to accounting literature within the financial statements. Technical references to GAAP included in this report are provided under the new FASB ASC structure with the prior terminology included parenthetically.

Basis of Presentation

The accompanying financial statements have been prepared in accordance with U.S. GAAP. As a result of the Plan termination, the 2009 financial statements have been prepared on the liquidation basis of accounting. There were no material differences in the Plan's financial statements using the liquidation basis of accounting compared with the accrual basis of accounting.

Certain prior period amounts have been reclassified to conform to the current year's presentation. Investments in the Master Trust were reclassified into major security types based on FASB ASC 960-325-45, *Plan Accounting – Defined Benefit Pension Plans: Investments – Other*, to be consistent with the Plan Sponsor.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions

Participant contributions are recognized when withheld, and Employer contributions are recognized when due. Rollovers are recognized when approved by the Plan Sponsor. Effective January 1, 2009, all contributions ceased.

Distributions

Benefit distributions are recognized when requested, approved for payment and distributed.

Investment Valuation and Income Recognition

Investments are generally reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Purchases and sales of securities and the related realized gains or losses are recorded on a trade-date basis.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2009 (Liquidation Basis) and 2008

Fair value for the Plan's investment in the Master Trust is based on its share of the fair value of the net assets available for benefits of the Master Trust. The methodology used to determine the fair value of the Plan's investment in the GIF issued by Nationwide Life Insurance Company (NLIC) is described in Note 4. Investments, including those held by the Master Trust, are valued based on closing market prices provided by independent pricing services, where available, and by other independent sources for certain corporate securities, primarily privately placed securities and term loans.

Interest income is recognized when earned. Dividend income is recorded on the ex-dividend date, reinvested and added to the participant accounts. In addition, investment income includes unrealized appreciation and depreciation of the Plan's investments, securities lending net income and other income.

Administrative Expenses

Administrative expenses are recognized when incurred and primarily relate to audit fees and recordkeeping services.

New Accounting Standards

In January 2010, the FASB issued ASU 2010-06, which amends FASB ASC 820, *Fair Value Measurement and Disclosures*. This guidance requires new disclosures and provides amendments to clarify existing disclosures. The new requirements include disclosing transfers in and out of Levels 1 and 2 fair value measurements, describing reasons for the transfers and disclosing more disaggregated information related to the activity in Level 3 fair value measurements. The clarification of existing disclosure guidance includes further disaggregation of fair value measurements by providing fair value measurement disclosures for each class of assets and liabilities and providing disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. The guidance also includes conforming amendments to the guidance on employers' disclosures about the postretirement benefit plan assets. This guidance is effective for interim and annual reporting periods beginning after December 15, 2009, except for the new disclosures regarding the activity in Level 3 measurements, which shall be effective for fiscal years beginning after December 15, 2010, and for interim periods within those fiscal years. The Plan will adopt this guidance for Plan years beginning on or after January 1, 2010, except for the new disclosure regarding the activity in Level 3 measurements, which the Plan will adopt effective January 1, 2011.

In September 2009, the FASB issued ASU 2009-12, which amends FASB ASC 820, *Fair Value Measurements and Disclosures*. This guidance applies to reporting entities that hold an investment that is required or permitted to be measured or disclosed at fair value on a recurring or nonrecurring basis if the investment does not have a readily determinable fair value and the investee has attributes of an investment company. For these investments, this update allows, as a practical expedient, the use of net asset values as the basis to estimate fair value as long as it is not probable, as of the measurement date that the investment will be sold and the net asset value is not the value that will be used in the sale. The net asset values must be calculated consistent with the American Institute of Certified Public Accountants Audit and Accounting Guide, Investment Companies. Additionally, the guidance provided updated disclosures for investments within its scope and noted that if the investor can redeem the investment with the investee on the measurement date at net asset value, the investment should likely be classified as Level 2 in the fair value hierarchy. Investments that cannot be redeemed with the investee at net asset value would generally be classified as Level 3 in the fair value hierarchy. If the investment is not redeemable with the investee on the measurement date, but will be at a future date, the length of time until the investment is redeemable should be considered in determining classification as Level 2 or 3. This guidance is effective for interim and annual periods ending after December 15, 2009 with early adoption permitted. The Plan adopted this guidance effective December 31, 2009. The adoption of this guidance did not have a material impact on the financial statements of the Plan. See the required disclosures and updated fair value hierarchy disclosed within Note 5.

In August 2009, the FASB issued ASU 2009-05, which amends FASB ASC 820, *Fair Value Measurements and Disclosures*. This guidance clarifies how the fair value of a liability should be determined. It reiterates that fair value is the price that would be paid to transfer the liability in an orderly transaction between market participants at the measurement date. It notes that the liability should reflect the company's nonperformance risk and should not reflect restrictions on the transfer of the liability. To determine the exit price, the guidance permits companies to look to the identical liability traded as an asset, similar liabilities traded as assets, or another valuation technique to measure the price the company would pay to transfer the liability. This guidance is effective for the first reporting period beginning after issuance. The Plan adopted this guidance effective December 31, 2009. The adoption of this guidance did not have a material impact on the Plan's net assets available for benefits or changes in net assets available for benefits.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2009 (Liquidation Basis) and 2008

In June 2009, the FASB issued guidance under FASB ASC 860, *Transfers and Servicing*. This guidance eliminates the concept of a qualifying special-purpose entity (QSPE) and clarifies and amends the derecognition criteria for a transfer to be accounted for as a sale and the unit of account eligible for sale accounting. Additionally, this guidance requires a transferor to initially measure and recognize all assets obtained (including a transferor's beneficial interest) and liabilities incurred as a result of a transfer of financial assets accounted for as a sale at fair value. Additionally, on and after the effective date, existing QSPEs (as defined under previous accounting standards) must be evaluated for consolidation in accordance with the applicable consolidation guidance. This guidance also establishes new requirements for reporting a transfer of a portion of a financial asset as a sale. This guidance requires enhanced disclosures about, among other things, a transferor's continuing involvement with transfers of financial assets accounted for as sales, the risks inherent in the transferred financial assets that have been retained, and the nature and financial effect of restrictions on the transferor's assets that continue to be reported in the condensed consolidated balance sheets. This guidance is effective for fiscal and interim reporting periods beginning after November 15, 2009. The Plan adopted this guidance effective January 1, 2010. The adoption of this guidance did not have a material impact on the financial statements of the Plan. The guidance will be applied to prospective transactions, as is required.

In May 2009, the FASB issued guidance under FASB ASC 855, *Subsequent Events*, (SFAS No. 165). This guidance establishes general standards of accounting for and disclosure of events that occur after the period-end date but before financial statements are issued. In particular, this guidance sets forth the period after the period-end date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure, the circumstances under which an entity should recognize events or transactions occurring after the period-end date in its financial statements, and the disclosures an entity should make about events or transactions that occurred after the period-end date. This guidance is effective for fiscal years and interim periods ending after June 15, 2009. The Plan adopted this guidance effective December 31, 2009. The adoption of this guidance did not have a material impact on the Plan's net assets available for benefits or changes in net assets available for benefits.

In April 2009, the FASB issued guidance under FASB ASC 820, *Fair Value Measurements and Disclosures*, (FSP FAS 157-4). This guidance provides guidelines for making fair value measurements more consistent with the principles presented in the previous standard SFAS No. 157, *Fair Value Measurements*. This guidance is effective for interim and annual periods ending after June 15, 2009 with early adoption permitted. The Plan adopted this guidance as of January 1, 2009. On the date of adoption, there was no impact to the Plan's net assets available for benefits or changes in net assets available for benefits.

In March 2008, the FASB issued guidance under FASB ASC 815, *Derivatives and Hedging*, (SFAS No. 161). This guidance amends and expands the disclosure requirements of the previous statement SFAS No. 133, *Accounting for Derivative Instruments and Hedging Activities*, with the intent to provide users of financial statements with an enhanced understanding of how and why an entity uses derivative instruments, how derivative instruments and related hedged items are accounted for under FASB ASC 815, and how derivative instruments and related hedged items affect an entity's financial position, financial performance and cash flows. This guidance requires qualitative disclosures about objectives and strategies for using derivatives, quantitative disclosures about derivative instrument fair values and related gains and losses, and disclosures about credit-risk-related contingent features in derivative agreements. This guidance is effective for financial statements issued for fiscal years and interim periods beginning after November 15, 2008. The Plan adopted this guidance effective January 1, 2009. The adoption of this guidance had no impact on the Plan's net assets available for benefits or changes in net assets available for benefits.

Subsequent Events

The Plan evaluated subsequent events through September 8, 2010, the date the financial statements were issued.

(3) Plan Amendments

Effective January 1, 2008, only active participants as of December 31 of the Plan year, as opposed to at some point during the Plan year, will receive a company contribution. Subsequently the Plan was amended effective December 19, 2008 to reflect the treatment of the Professional Consultant Group (PCG) contract holders as of November 5, 2008 under the Plan due to the termination of the PCG distribution channel. Included in the changes were provisions that all active participants as of November 1, 2007 are 100% vested in their accounts and that no company contributions will be made to the Plan for any service or compensation received on or after January 1, 2009.

On April 1, 2009, the Benefits Committee of the Plan Sponsor approved the termination of the Plan. Refer to Note 1 for additional information.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2009 (Liquidation Basis) and 2008

(4) Investments

Investments representing 5% or more of the Plan's net assets at December 31:

<i>(in thousands)</i>	2009		2008	
Investment in Master Trust	\$	17,856	\$	23,636
Guaranteed investment fund	\$	13,359	\$	24,469

Master Trust

At December 31, 2009, the Plan's interest in the net assets of the Master Trust was approximately 1.2%. The Master Trust also includes assets of the Nationwide Savings Plan (NSP). The following is a schedule detailing net assets available for benefits in the Master Trust as of December 31, 2009. Assets in the Plan but not included in the Master Trust total \$14.3 million and include the GIF, noninvested cash, and self-directed brokerage accounts. Liabilities in the Plan but not included in the Master Trust include accrued expenses, which total less than \$0.1 million.

<i>(in thousands)</i>	The Plan		NSP		Total Master Trust			
Assets								
Fixed maturity securities								
U.S. Treasury securities and obligations of								
U.S. Government corporations and agencies	\$	414	1.5%	\$	27,506	98.5%	\$	27,920
Corporate securities		483	1.5%		32,122	98.5%		32,605
Residential mortgage-backed securities		523	1.5%		34,751	98.5%		35,274
Commercial mortgage-backed securities		69	1.5%		4,603	98.5%		4,672
Total fixed maturity securities	\$	1,489	1.5%	\$	98,982	98.5%	\$	100,471
Equity securities								
Common stocks		10,185	1.5%		675,404	98.5%		685,589
Preferred stocks		74	1.2%		6,174	98.8%		6,248
Total equity securities	\$	10,259	1.5%	\$	681,578	98.5%	\$	691,837
Cash and cash equivalents		953	1.4%		69,303	98.6%		70,256
Commingled funds		4,657	0.8%		568,577	99.2%		573,234
Receivable for investments sold		1,055	1.2%		86,418	98.8%		87,473
Collateral for securities on loan		1,447	1.2%		119,157	98.8%		120,604
Deposit in transit		-	0.0%		6,119	100.0%		6,119
Total assets	\$	19,860	1.2%	\$	1,630,134	98.8%	\$	1,649,994
Liabilities								
Payable for return of collateral received	\$	1,449	1.2%	\$	119,295	98.8%	\$	120,744
Payable for investment purchases		499	1.5%		33,272	98.5%		33,771
Payable for investment fees		19	1.4%		1,343	98.6%		1,362
Trades in transit		37	100.0%		-	0.0%		37
Total liabilities	\$	2,004	1.3%	\$	153,910	98.7%	\$	155,914
Net assets available for benefits	\$	17,856	1.2%	\$	1,476,224	98.8%	\$	1,494,080

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2009 (Liquidation Basis) and 2008

At December 31, 2008, the Plan's interest in the net assets of the Master Trust was approximately 2.3%. The following is a schedule detailing net assets available for benefits in the Master Trust as of December 31, 2008. Assets in the Plan but not included in the Master Trust total \$26.8 million and include the GIF, self directed brokerage accounts, noninvested cash and receivables. Liabilities in the Plan but not included in the Master Trust include accrued expenses, which total less than \$0.1 million.

<i>(in thousands)</i>	The Plan		NSP		Total Master Trust
Assets					
Fixed maturity securities					
U.S. Treasury securities and obligations of U.S. Government corporations and agencies	\$ 333	2.0%	\$ 16,475	98.0%	\$ 16,808
Obligations of states and political subdivisions	30	2.0%	1,501	98.0%	1,531
Corporate securities	419	2.0%	20,643	98.0%	21,062
Residential mortgage-backed securities	1,031	2.0%	51,094	98.0%	52,125
Commercial mortgage-backed securities	267	2.0%	13,210	98.0%	13,477
Total fixed maturity securities	\$ 2,080	2.0%	\$ 102,923	98.0%	\$ 105,003
Equity securities					
Common stocks	13,737	2.8%	475,763	97.2%	489,500
Preferred stocks	117	2.4%	4,712	97.6%	4,829
Total equity securities	\$ 13,854	2.8%	\$ 480,475	97.2%	\$ 494,329
Cash and cash equivalents	2,082	3.1%	65,006	96.9%	67,088
Commingled funds	6,592	1.6%	418,242	98.4%	424,834
Receivable for investments sold	164	2.7%	5,920	97.3%	6,084
Collateral for securities on loan	5,151	2.3%	222,778	97.7%	227,929
Total assets	\$ 29,923	2.3%	\$ 1,295,344	97.7%	\$ 1,325,267
Liabilities					
Derivative liabilities	\$ 115	2.0%	\$ 5,716	98.0%	\$ 5,831
Payable for return of collateral received	5,698	2.3%	246,424	97.7%	252,122
Payable for investment purchases	456	2.1%	20,939	97.9%	21,395
Payable for investment fees	18	2.0%	890	98.0%	908
Total liabilities	\$ 6,287	2.2%	\$ 273,969	97.8%	\$ 280,256
Net assets available for benefits	\$ 23,636	2.3%	\$ 1,021,375	97.7%	\$ 1,045,011

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

Notes to Financial Statements

Years Ended December 31, 2009 (Liquidation Basis) and 2008

During the year ended December 31, 2009, the Plan's interest in the net income of the Master Trust was 1.8%. The following is a schedule detailing income from the Master Trust for year ended December 31, 2009.

<i>(in thousands)</i>	The Plan	NSP	Master Trust income (loss)
Investment appreciation (depreciation)			
Fixed maturity securities			
U.S. Treasury securities and obligations of U.S. Government corporations and agencies	\$ 1	\$ (192)	\$ (191)
Obligations of states and political subdivisions	5	241	246
Corporate securities	56	3,406	3,462
Residential mortgage-backed securities	(6)	(34)	(40)
Commercial mortgage-backed securities	(52)	157	105
Total fixed maturity securities appreciation	\$ 4	\$ 3,578	\$ 3,582
Equity securities			
Common stocks	4,827	210,636	215,463
Preferred stocks	98	4,644	4,742
Total equity securities	\$ 4,925	\$ 215,280	\$ 220,205
Cash and cash equivalents	23	969	992
Commingled funds	900	109,900	110,800
Derivative instruments	(3)	1,369	1,366
Collateral for securities on loan	317	13,780	14,097
Total investment appreciation	\$ 6,166	\$ 344,876	\$ 351,042
Investment income			
Dividend income	255	10,845	11,100
Interest income	83	4,623	4,706
Income on securities on loan	25	1,066	1,091
Total investment income	\$ 363	\$ 16,534	\$ 16,897
Expenses	(87)	(4,434)	(4,521)
Net income from Master Trust	\$ 6,442 1.8%	\$ 356,976 98.2%	\$ 363,418

Net Appreciation in Fair Value of Investments

Appreciation on Plan investments other than the Master Trust relates to self-directed brokerage accounts. For the year ended December 31, 2009, the appreciation on self-directed brokerage accounts (including gains and losses on investments bought and sold, as well as held during the year) totaled \$0.2 million.

Guaranteed Investment Fund

The Plan invests in a benefit-responsive GIF issued by NLIC. The GIF is a promise by an insurance company to repay principal plus a fixed rate of return for the duration of the contract. The major credit rating of the issuer for the GIF is A+.

Because the GIF is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to the GIF. The GIF is presented on the Statements of Net Assets Available for Benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by NLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no events that would limit the ability of the Plan to transact at contract value.

The average yield for the investment contracts based on actual earnings and on interest rate credited to participants was 4.69% and 5.01% for the years ended December 31, 2009 and 2008, respectively.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

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Years Ended December 31, 2009 (Liquidation Basis) and 2008

Fair value for the GIF is determined to be the contract value plus or minus a market value adjustment reported by the contract issuer. The market value adjustment is the amount deducted from or added to the contract value of the GIF if it would be terminated prior to its maturity date. The market value adjustment is calculated by comparing market value, which is determined by management to represent an estimate of a market participant's valuation of the security, to the projected liability in the GIF. The discount rate used in the GIF is the greater of Moody's A-rated intermediate term bond yield average or 7-year Treasury yield plus 0.75% and will not be reset during the term of the contract. The following presents the investments at contract value and adjustments to contract value for the GIF at December 31:

<i>(in thousands)</i>	2009	2008
Guaranteed investment fund		
Investments at contract value	\$ 14,062	\$ 25,596
Adjustment from contract value to fair value	(703)	(1,127)
Investments at fair value	\$ 13,359	\$ 24,469

The GIF meets all of these criteria as a benefit-responsive contract:

1. The GIF is affected directly between the GIF and the issuer (NLIC) and is prohibited from being assigned or sold without the consent of NLIC.
2. The repayment of principal and interest is a financial obligation of NLIC.
3. Participant-initiated transactions occur at contract value.
4. Events that limit the GIF to transact at contract value are not probable.
5. Participants must have reasonable access to their funds.

Securities Lending

The Plan participates in a securities lending program established within the Master Trust for the purpose of increasing the yield on its securities portfolio. Securities lending activities are governed by an agreement between the Master Trust and BNY, as agent, whereby eligible securities are loaned to third parties, primarily major brokerage firms. The estimated fair value of the Plan's share of loaned securities was \$1.4 million and \$5.5 million as of December 31, 2009 and 2008, respectively. The agreement requires a minimum of 102% of the fair value of domestic securities loaned and 105% of the fair value of foreign securities loaned to be supported by collateral provided by the borrowers. Once posted, there is no additional maintenance of collateral required even if the securities purchased with the collateral change in fair value. Collateral requirements are updated daily. Generally, cash collateral is received, which is invested by the agent in high-quality investments as prescribed in the agreement, primarily in corporate and government securities. The Plan's share of collateral is valued at \$1.4 million and \$5.2 million as of December 31, 2009 and 2008, respectively. The Master Trust recognizes securities loaned as part of its net assets available for benefits because the Master Trust maintains ownership of the loaned securities at all times. A liability is established for the amount of cash collateral received from borrowers.

Derivative Instruments

The Master Trust may periodically enter into derivative transactions. The Master Trust does not enter into speculative positions. These transactions do not qualify for hedge accounting and have not been designated in hedging relationships. According to the Master Trust investment policy and the Plan's investment management agreement with the investment manager, these derivative instruments may include futures, forwards, options on futures, and swaps and may be used for purposes of yield curve management, managing the duration of the portfolio and as a substitute for direct investments in U.S. Treasury securities. At December 31, 2009, the Master Trust was not invested in any derivative instruments. At December 31, 2008, the fair value of derivative liabilities in the Master Trust was \$5.8 million and the notional amount of these instruments was \$53.4 million.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCER'S PENSION PLAN

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Years Ended December 31, 2009 (Liquidation Basis) and 2008

(5) Fair Value of Financial Instruments

Fair Value Hierarchy

The Plan adopted FASB ASC 820, *Fair Value Measurements and Disclosures*, (SFAS No. 157) effective January 1, 2008. This guidance defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan uses various methods including market, income and cost approaches. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan categorized its financial instruments into a three-level hierarchy based on the priority of the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument in its entirety.

Level 1. Unadjusted quoted prices accessible in active markets for identical assets or liabilities at the measurement date.

Level 2. Unadjusted quoted prices for similar assets or liabilities in active markets or inputs (other than quoted prices) that are observable or that are derived principally from or corroborated by observable market data through correlation or other means.

Level 3. Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Inputs reflect management's best estimate about the assumptions market participants would use at the measurement date in pricing the asset or liability. Consideration is given to the risk inherent in both the method of valuation and the valuation inputs.

Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)

The Master Trust uses net asset value to estimate the fair value of certain mutual funds and other commingled funds included in cash and cash equivalents and commingled funds that do not have readily determinable fair values.

All of the commingled funds in the Master Trust are included in Level 2 and had fair values totaling \$573.2 million as of December 31, 2009. These funds have no unfunded commitments or restrictions and the Master Trust always has the ability to redeem the investment in these funds with the investee at net asset value daily. These commingled funds are primarily invested in a diversified portfolio of investment-grade money market instruments.

All of the mutual funds and other commingled funds in cash and cash equivalents in the Master Trust are included in Level 2 and had fair values totaling \$50.5 million as of December 31, 2009. These funds have no unfunded commitments or restrictions and the Master Trust always has the ability to redeem the investment in these funds with the investee at net asset value daily. These mutual funds and other commingled funds are primarily invested in a diversified portfolio of investment-grade money market instruments.

Since these investments include mutual funds and other commingled funds not directed by the Plan, the underlying mutual funds may be purchased and sold in the future.

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2009. The table does not include the Plan's interest in the Master Trust assets as that information is presented in a separate table below.

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Assets				
Guaranteed investment fund	\$ -	\$ -	\$ 13,359	\$ 13,359
Self-directed brokerage accounts	918	-	-	918
Total assets	\$ 918	\$ -	\$ 13,359	\$ 14,277

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Years Ended December 31, 2009 (Liquidation Basis) and 2008

Master Trust assets measured at fair value on a recurring basis as of December 31, 2009:

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Assets				
Fixed maturity securities				
U.S. Treasury securities and obligations of U.S. Government corporations and agencies	\$ 27,920	\$ -	\$ -	\$ 27,920
Corporate securities	-	32,605	-	32,605
Residential mortgage-backed securities	29,219	6,055	-	35,274
Commercial mortgage-backed securities	1,351	3,321	-	4,672
Total fixed maturity securities	\$ 58,490	\$ 41,981	\$ -	\$ 100,471
Equity securities				
Common stocks	679,854	5,735	-	685,589
Preferred stocks	6,248	-	-	6,248
Total equity securities	\$ 686,102	\$ 5,735	\$ -	\$ 691,837
Cash and cash equivalents	19,498	50,758	-	70,256
Commingled funds	-	573,234	-	573,234
Collateral for securities on loan	-	120,604	-	120,604
Total assets	\$ 764,090	\$ 792,312	\$ -	\$ 1,556,402

The following table summarizes assets measured at fair value on a recurring basis as of December 31, 2008. The table does not include the Plan's interest in the Master Trust assets as that information is presented in a separate table below.

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Assets				
Guaranteed investment fund	\$ -	\$ -	\$ 24,469	\$ 24,469
Self-directed brokerage accounts	1,912	-	-	1,912
Total assets	\$ 1,912	\$ -	\$ 24,469	\$ 26,381

Master Trust assets and liabilities measured at fair value on a recurring basis as of December 31, 2008:

<i>(in thousands)</i>	Level 1	Level 2	Level 3	Total
Assets				
Fixed maturity securities				
U.S. Treasury securities and obligations of U.S. Government corporations and agencies	\$ 16,440	\$ 368	\$ -	\$ 16,808
Obligations of states and political subdivisions	-	1,531	-	1,531
Corporate securities	-	20,993	69	21,062
Residential mortgage-backed securities	2,698	49,427	-	52,125
Commercial mortgage-backed securities	-	12,351	1,126	13,477
Total fixed maturity securities	\$ 19,138	\$ 84,670	\$ 1,195	\$ 105,003
Equity securities				
Common stocks	484,082	-	5,418	489,500
Preferred stocks	-	4,829	-	4,829
Total equity securities	\$ 484,082	\$ 4,829	\$ 5,418	\$ 494,329
Cash and cash equivalents	26,224	40,864	-	67,088
Commingled funds	-	424,834	-	424,834
Collateral for securities on loan	-	208,159	19,770	227,929
Total assets	\$ 529,444	\$ 763,356	\$ 26,383	\$ 1,319,183
Liabilities				
Derivative liabilities	\$ 319	\$ 4,436	\$ 1,076	\$ 5,831
Total liabilities	\$ 319	\$ 4,436	\$ 1,076	\$ 5,831

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Notes to Financial Statements

Years Ended December 31, 2009 (Liquidation Basis) and 2008

The following table summarizes changes in assets for which the Plan used significant unobservable inputs (Level 3) to determine fair value measurements for the year ended December 31, 2009. The table does not include the Plan's interest in the Master Trust assets as that information is presented in a separate table below.

<i>(in thousands)</i>	2008	Net gains and losses	Activity in period	Transfer into Level 3	Transfer out of Level 3	2009
Guaranteed investment fund	\$ 24,469	\$ 424	\$ (11,534)	\$ -	\$ -	\$ 13,359

The following table summarizes changes in assets and liabilities in the Master Trust for which the Plan used significant unobservable inputs (Level 3) to determine fair value measurements for the year ended December 31, 2009.

<i>(in thousands)</i>	2008	Net gains and losses	Activity in period	Transfer into Level 3	Transfer out of Level 3	2009
Assets						
Corporate securities	\$ 69	\$ 8	\$ (62)	\$ -	\$ (15)	\$ -
Commercial mortgage-backed securities	1,126	(659)	(467)	-	-	-
Common stocks	5,418	526	(5,449)	-	(495)	-
Collateral for securities on loan	19,770	936	(12,006)	-	(8,700)	-
Total assets	\$ 26,383	\$ 811	\$ (17,984)	\$ -	\$ (9,210)	\$ -
Liabilities						
Other investments	\$ 1,076	\$ (208)	\$ (868)	\$ -	\$ -	\$ -
Total liabilities	\$ 1,076	\$ (208)	\$ (868)	\$ -	\$ -	\$ -

Transfers

The Company reviews its fair value hierarchy classifications annually. Changes in observability of significant valuation inputs identified during these reviews may trigger reclassification of fair value hierarchy levels of financial assets and liabilities. Reclassifications in/out of Level 3 are reported as transfers at the beginning of the period in which the change occurs. During 2009, the Plan was able to gain additional observable valuation inputs in the pricing of certain corporate securities, common stocks, and other investments included in collateral for securities on loan, which led to transferring these securities out of Level 3.

(6) Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated April 16, 2003 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Sponsor and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. On July 1, 2009, a determination letter request upon termination was submitted on behalf of the Plan. See Note 1.

(7) Related Party Transactions

In October 2002, the Plan entered into a benefit responsive group annuity contract, the GIF, with NLIC. NLIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at the contract value.

NLIC receives all contributions to the GIF and provides investment and accounting services. NLIC is compensated for such services through investment and administrative fees, which are netted against interest income of the GIF in the accompanying financial statements. These fees were \$0.1 million and \$0.2 million for the years ended December 31, 2009 and 2008, respectively. This includes NLIC charges of \$0.1 million related to investment performance guarantees for the years ended December 31, 2009 and 2008.

The crediting interest rate was approximately 4.69% and 5.01% for 2009 and 2008, respectively. The crediting interest rate is based on a formula agreed upon with NLIC. Such interest rates are reviewed on a quarterly basis for resetting.

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Years Ended December 31, 2009 (Liquidation Basis) and 2008

(8) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN

EIN: 31-4177100

Plan Number: 004

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

(in thousands)

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	The Bank of New York	Total investments held by the Plan in Nationwide Group Retirement Trust	\$ 17,856
*	Nationwide Life Insurance Company	Guaranteed Investment Fund, 4.69% average rate	13,359
	Charles Schwab	Self-directed brokerage accounts	918
	The Bank of New York	Controlled disbursement account	25

Note: Column d (Cost) has been omitted as it is not required.

* Indicates party-in-interest to the Plan.

Schedule 1

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA PRODUCERS PENSION PLAN

EIN: 31-4177100

Plan Number: 004

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

(in thousands)

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	The Bank of New York	Total investments held by the Plan in Nationwide Group Retirement Trust	\$ 17,856
*	Nationwide Life Insurance Company	Guaranteed Investment Fund, 4.69% average rate	13,359
	Charles Schwab	Self-directed brokerage accounts	918
	The Bank of New York	Controlled disbursement account	25

Note: Column d (Cost) has been omitted as it is not required.

* Indicates party-in-interest to the Plan.

See accompanying independent auditors' report.