

ADDENDUM TO THE REGULATORY SETTLEMENT AGREEMENT

This Addendum to the Regulatory Settlement Agreement (“Addendum”) is entered into by and between those state insurance Departments whose signatures are shown on the signature page of this agreement (collectively referred to herein as the “Departments”), and Nationwide Financial Services, Inc., Nationwide Life Insurance Company, Nationwide Life and Annuity Insurance Company, Nationwide Life Insurance Company of America and Nationwide Life and Annuity Insurance Company of America (collectively (“Nationwide” or “the Company”).

Recitals

1. The Company and the Departments entered into a Regulatory Settlement Agreement on October 8, 2012 (the “Regulatory Settlement Agreement”).
2. The Company and the Departments desire to add a term to the Regulatory Settlement Agreement.

Agreement

3. On page 8 of the Regulatory Settlement Agreement in the definition of “Thorough Search”, insert the following language after (vii):

If the value of a policy, contract, or account is *de minimis* (defined as \$100 or less), the Company may satisfy its obligations to conduct a Thorough Search by making at least one (1) attempt to contact the Beneficiary or Beneficiaries by mail at the address indicated in the Company Records, or, if the Company Records do not identify a Beneficiary and address, may report and remit the funds to the affected jurisdiction(s) in accordance with the Unclaimed Property Laws.

4. All capitalized terms in this Addendum have the meanings given to them in the Regulatory Settlement Agreement.
5. Except as otherwise expressly provided herein, all of the terms and provisions of the Regulatory Settlement Agreement remain in full force and effect, and are fully binding on the parties thereto.
6. This Addendum, together with the Regulatory Settlement Agreement, contains the entire understanding between the parties regarding the subject matter hereof and supersedes any and all prior and contemporaneous agreements (oral and written) between the parties.

7. This Addendum may be executed in counterparts. A true and correct copy of the Addendum shall be enforceable the same as an original.

IN WITNESS WHEREOF THE PARTIES HAVE EXECUTED THIS ADDENDUM AS OF THE DATE SET FORTH AFTER EACH OF THEIR NAMES

[SIGNATURE PAGES IMMEDIATELY FOLLOW]

NATIONWIDE FINANCIAL SERVICES, INC.

NATIONWIDE LIFE INSURANCE COMPANY

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY OF AMERICA

By: April VanDervort
NAME: April VanDervort
TITLE: Vice President
DATED: 5/18/16

FLORIDA OFFICE OF
INSURANCE REGULATION

BY: David Altmaier

DAVID ALTMAIER
COMMISSIONER

DATE 5/25/16

NORTH DAKOTA INSURANCE
DEPARTMENT

BY: _____

ADAM HAMM
COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT
OF INSURANCE

BY: _____

DAVE JONES
COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE
DEPARTMENT

BY: _____

TERESA D. MILLER
COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT
OF INSURANCE

BY: _____

ANNE MELISSA DOWLING
ACTING DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE
DEPARTMENT

BY: _____

ROGER A. SEVIGNY
COMMISSIONER

DATE _____

OHIO DEPARTMENT OF INSURANCE

BY: _____

MARY TAYLOR
LT. GOVERNOR/ DIRECTOR

DATE _____

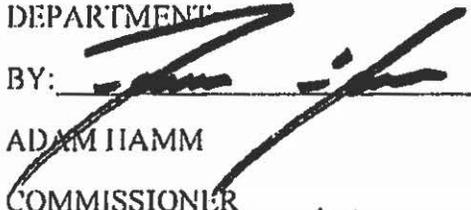
FLORIDA OFFICE OF
INSURANCE REGULATION

BY: _____

DAVID ALTMAIER
COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE
DEPARTMENT

BY:  _____

ADAM HAMM
COMMISSIONER

DATE 6-6-16

CALIFORNIA DEPARTMENT
OF INSURANCE

BY: _____

DAVE JONES
COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE
DEPARTMENT

BY: _____

TERESA D. MILLER
COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT
OF INSURANCE

BY: _____

ANNE MELISSA DOWLING
ACTING DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE
DEPARTMENT

BY: _____

ROGER A. SEVIGNY
COMMISSIONER

DATE _____

OHIO DEPARTMENT OF INSURANCE

BY: _____

MARY TAYLOR
I.T. GOVERNOR/ DIRECTOR

DATE _____

FLORIDA OFFICE OF
INSURANCE REGULATION

BY: _____

DAVID ALTMAIER
COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE
DEPARTMENT

BY: _____

ADAM HAMM
COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT
OF INSURANCE

BY:  _____

DAVE JONES
COMMISSIONER

DATE 5-23-2016

PENNSYLVANIA INSURANCE
DEPARTMENT

BY: _____

TERESA D. MILLER
COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT
OF INSURANCE

BY: _____

ANNE MELISSA DOWLING
ACTING DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE
DEPARTMENT

BY: _____

ROGER A. SEVIGNY
COMMISSIONER

DATE _____

OHIO DEPARTMENT OF INSURANCE

BY: _____

MARY TAYLOR
I.T. GOVERNOR/ DIRECTOR

DATE _____

FLORIDA OFFICE OF
INSURANCE REGULATION

BY: _____

DAVID ALTMAIER
COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE
DEPARTMENT

BY: _____

ADAM HAMM
COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT
OF INSURANCE

BY: _____

DAVE JONES
COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE
DEPARTMENT

BY: 

TERESA D. MILLER
COMMISSIONER

DATE 5/24/14

ILLINOIS DEPARTMENT
OF INSURANCE

BY: _____

ANNE MELISSA DOWLING
ACTING DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE
DEPARTMENT

BY: _____

ROGER A. SEVIGNY
COMMISSIONER

DATE _____

OHIO DEPARTMENT OF INSURANCE

BY: _____

MARY TAYLOR
L.T. GOVERNOR/ DIRECTOR

DATE _____

FLORIDA OFFICE OF
INSURANCE REGULATION

BY: _____

DAVID ALTMAIER
COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE
DEPARTMENT

BY: _____

ADAM HAMM
COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT
OF INSURANCE

BY: _____

DAVE JONES
COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE
DEPARTMENT

BY: _____

TERESA D. MILLER
COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT
OF INSURANCE

BY: *Anne Melissa Dowling*
ANNE MELISSA DOWLING

ACTING DIRECTOR

DATE 5-24-16

NEW HAMPSHIRE INSURANCE
DEPARTMENT

BY: _____

ROGER A. SEVIGNY
COMMISSIONER

DATE _____

OHIO DEPARTMENT OF INSURANCE

BY: _____

MARY TAYLOR
LT. GOVERNOR/ DIRECTOR

DATE _____

FLORIDA OFFICE OF
INSURANCE REGULATION

BY: _____

DAVID ALTMAIER
COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE
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ADAM HAMM
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DAVE JONES
COMMISSIONER

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PENNSYLVANIA INSURANCE
DEPARTMENT

BY: _____

TERESA D. MILLER
COMMISSIONER

DATE _____

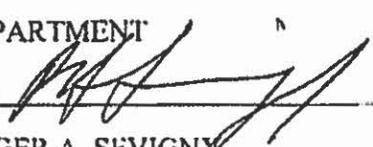
ILLINOIS DEPARTMENT
OF INSURANCE

BY: _____

ANNE MELISSA DOWLING
ACTING DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE
DEPARTMENT

BY:  _____

ROGER A. SEVIGNY
COMMISSIONER

DATE 5-24-16

OHIO DEPARTMENT OF INSURANCE

BY: _____

MARY TAYLOR
LT. GOVERNOR/ DIRECTOR

DATE _____

FLORIDA OFFICE OF
INSURANCE REGULATION

BY: _____

DAVID ALTMAIER
COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE
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COMMISSIONER

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PENNSYLVANIA INSURANCE
DEPARTMENT

BY: _____

THERESA D. MILLER
COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT
OF INSURANCE

BY: _____

ANNE MELISSA DOWLING
ACTING DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE
DEPARTMENT

BY: _____

ROGER A. SEVIGNY
COMMISSIONER

DATE _____

OHIO DEPARTMENT OF INSURANCE

BY: Mary Taylor

MARY TAYLOR

LT. GOVERNOR/ DIRECTOR

DATE 5/31/16

**SCHEDULE C
PARTICIPATING REGULATOR ADOPTION
NATIONWIDE
ADDENDUM TO THE REGULATORY SETTLEMENT AGREEMENT**

On behalf of the State of Alaska, I, Lori Wing-Heier,
(State) (Chief Insurance Regulator)
hereby adopt, agree, and approve this Addendum.

BY:  _____
(Signature)

STATE: State of Alaska

TITLE: Director

DATE: January 12, 2017

Please return this form to:

Karen Embry
Florida Office of Insurance Regulation
200 East Gaines Street
Suite 645.2
Tallahassee, FL 32399-4206
850.413.5002
850.922.2543 (FAX)
Karen.Embry@floir.com