

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 5/27/2015 1:44 PM EST

Confirmation Number: 380

Amended Confirmation Number:

Employer Information

Name: Nationwide Mutual Insurance Company
Address: One Nationwide Plaza
City: Columbus State: OH Zip Code: 43215

Plan Administrator Information

Name: Nationwide Program Administrative Committee
Address: One Nationwide Plaza, 1-01-402
City: Columbus State: OH Zip Code: 43215
Phone: 6144358789
Email: HUGHESC@nationwide.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Nationwide Supplemental Retirement Plan	Number of Employees: 400
ID:2	Plan Name:	Nationwide Supplemental Defined Contribution Plan	Number of Employees: 355

Additional Information:

Nationwide has established non-qualified deferred compensation plans which are unfunded and maintained primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees. The following information is submitted to satisfy the reporting and disclosure requirements of Regulation 2520.104-23. Nationwide Supplemental Retirement Plan # of Participants = 400 Nationwide Supplemental Defined Contribution Plan # of Participants = 355



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 380. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.