

**QUARTERLY STATEMENT**AS OF MARCH 31, 2002
OF THE CONDITION AND AFFAIRS OF THE**SCOTTSDALE INDEMNITY COMPANY**

NAIC Group Code	0140 (Current Period)	0140 (Prior Period)	NAIC Company Code	15580	Employer's ID Number	31-1117969
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio	
Country of Domicile						
Incorporated		November 14, 1984	Commenced Business		August 1, 1985	
Statutory Home Office		One Nationwide Plaza (Street and Number)			Columbus, OH 43215 (City or Town, State and Zip Code)	
Main Administrative Office		8877 N. Gainey Center Drive (Street and Number)			480-948-0505 (Area Code) (Telephone Number)	
		Scottsdale, AZ 85258-2108 (City or Town, State and Zip Code)				
Mail Address		P.O. Box 4110 (Street and Number or P.O. Box)			Scottsdale, AZ 85261-4110 (City or Town, State and Zip Code)	
Primary Location of Books and Records		8877 N. Gainey Center Drive (Street and Number)			480-948-0505 (Area Code) (Telephone Number)	
		Scottsdale, AZ 85258-2108 (City or Town, State and Zip Code)				
Internet Website Address		www.scottsdaleins.com				
Statement Contact		Arlan G. Oliva (Name)			480-948-0505-2310 (Area Code) (Telephone Number) (Extension)	
		Arlano@Scottsdaleins.com (E-mail Address)			480-368-5856 (FAX Number)	
Policyowner Relations Contact		Gary L. Tiepelman	8877 N. Gainey Center Drive (Street and Number)		480-948-0505 (Area Code) (Telephone Number)	
		Scottsdale, AZ 85258-2108 (City or Town, State and Zip Code)				

OFFICERS

President	Roger Max Williamson	Secretary	Glenn Warren Soden
Treasurer	Judy Lee Howard		

VICE PRESIDENTS

James William Carney	John Roscoe Cook, Jr.	David Samuel Dale
Dennis Arthur Faggioni	Patricia Ruth Hatler	Michael Stevens Helfer
Terri Lynn Hill	Michael Lee Horsman	Donna Anita James
Edwin Pugh McCausland, Jr.	Robert Alan Oakley	Randall Lee Orr
Mark David Phelan	Doreen Katherine Reinke	Richard John Schmitzer
Harry George Surprenant	Gary Lynn Tiepelman	Alan Anthony Todryk
Susan Feola Wain	Robert Jay Woodward, Jr.	John David Zicarelli

ASSOCIATE VICE PRESIDENTS

Carol Lynn Dove	David James Kauchek	Kenneth Ari Levine
Joseph Albert Lughes, Jr.	Jean Marie Nelson	Arlan Gene Oliva
Vijay Anand Ramachandran		

DIRECTORS OR TRUSTEES

Galen Ross Barnes	Michael Dean Miller	David Karl Hollingsworth
Roger Max Williamson	Judy Lee Howard	

State of Arizona }
County of Maricopa } ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Roger Max Williamson
President

Randall Lee Orr
Assistant Secretary

Judy Lee Howard
Treasurer

Subscribed and sworn to before me this
6th day of May, 2002

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	10,445,784		10,445,784	10,426,644
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)				
4.2 Properties held for the production of income (less \$0 encumbrances)				
4.3 Properties held for sale (less \$0 encumbrances)				
5. Cash (\$(578,335) and short-term investments \$2,392,976)	1,814,641		1,814,641	1,518,708
6. Other invested assets				
7. Receivable for securities	10,313		10,313	
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	12,270,738		12,270,738	11,945,352
10. Agents' balances or uncollected premiums				
10.1 Premiums and agents' balances in course of collection				
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)				
10.3 Accrued retrospective premiums				
11. Funds held by or deposited with reinsured companies				
12. Bills receivable, taken for premiums				
13. Amounts billed and receivable under high deductible policies				
14. Reinsurance recoverables on loss and loss adjustment expense payments				
15. Federal and foreign income tax recoverable and interest thereon (including \$0 net deferred tax asset)59,603
16. Guaranty funds receivable or on deposit				
17. Electronic data processing equipment and software				
18. Interest, dividends and real estate income due and accrued	119,807		119,807	210,714
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Receivable from parent, subsidiaries and affiliates				
21. Amounts due from /to protected cells				
22. Equities and deposits in pools and associations				
23. Amounts receivable relating to uninsured accident and health plans				
24. Other assets nonadmitted				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding protected cell assets (Lines 9 through 25)	12,390,545		12,390,545	12,215,669
27. Protected cell assets				
28. TOTALS (Lines 26 and 27)	12,390,545		12,390,545	12,215,669
DETAILS OF WRITE-INS				
0801.				0
0802.				0
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)				

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 0)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)		
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7. Federal and foreign income taxes [including \$ 0 on realized capital gains (losses)] (including \$ (601) net deferred tax liability)	51,115	
8. Borrowed money \$ 0 and interest thereon \$ 0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 31,729,265 and including warranty reserves of \$ 0)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)		
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Payable for securities		
21. Liability for amounts held under uninsured accident and health plans		
22. Capital notes \$ 0 and interest thereon \$ 0		
23. Aggregate write-ins for liabilities		
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	51,115	
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	51,115	
27. Aggregate write-ins for special surplus funds		
28. Common capital stock	3,000,000	3,000,000
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	5,800,000	5,800,000
33. Unassigned funds (surplus)	3,539,430	3,415,669
34. Less treasury stock, at cost		
34.1 0 shares common (value included in Line 28 \$ 0)		
34.2 0 shares preferred (value included in Line 29 \$ 0)		
35. Surplus as regards policyholders (Lines 27 to 33, less 34)	12,339,430	12,215,669
36. TOTALS	12,390,545	12,215,669
DETAILS OF WRITE-INS		
2301.		0
2302.		
2303.		
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)		
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)		
3001.		
3002.		
3003.		
3098. Summary of remaining write-ins for Line 30 from overflow page		
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)		

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 15,626,179)	17,104,755	13,329,952	59,477,114
1.2 Assumed (written \$ 3,553,502)	3,949,780	2,417,251	12,489,863
1.3 Ceded (written \$ 19,179,681)	21,054,535	15,747,203	71,966,977
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	13,568,349	6,603,650	35,474,310
2.2 Assumed	2,556,969	2,978,105	12,427,298
2.3 Ceded	16,125,318	9,581,755	47,901,608
2.4 Net	0	0	0
3. Loss expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2.4 thru 5)	0	0	0
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	175,477	191,982	748,768
10. Net realized capital gains or (losses)			
11. Net investment gain (loss) (Lines 9 + 10)	175,477	191,982	748,768
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	175,477	191,982	748,768
17. Dividends to policyholders			
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	175,477	191,982	748,768
19. Federal and foreign income taxes incurred	51,716	216,663	448,891
20. Net income (Line 18 minus Line 19)(to Line 22)	123,761	(24,681)	299,877
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	12,215,669	11,912,941	11,912,941
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	123,761	(24,681)	299,877
23. Net unrealized capital gains or losses			
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income tax		46,000	46,601
26. Change in nonadmitted assets			
27. Change in provision for reinsurance			
28. Change in surplus notes			
29. Surplus (contributed to) withdrawn from protected cells			
30. Cumulative effect of changes in accounting principles		(43,750)	(43,750)
31. Capital changes:			
31.1 Paid in			
31.2 Transferred from surplus (Stock Dividend)			
31.3 Transferred to surplus			
32. Surplus adjustments:			
32.1 Paid in			
32.2 Transferred to capital (Stock Dividend)			
32.3 Transferred from capital			
33. Net remittances from or (to) Home Office			
34. Dividends to stockholders			
35. Change in treasury stock			
36. Aggregate write-ins for gains and losses in surplus			
37. Change in surplus as regards policyholders (Lines 22 through 36)	123,761	(22,431)	302,728
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	12,339,430	11,890,510	12,215,669
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)		0	0
3601.			
3602.			
3603.			
3698. Summary of remaining write-ins for Line 36 from overflow page			
3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above)			

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance		
2. Loss and loss adjustment expenses paid (net of salvage and subrogation)		
3. Underwriting expenses paid		
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	271,722	771,681
6. Net investment income		
7. Other income (expenses):		
7.1 Agents' balances charged off		
7.2 Net funds held under reinsurance treaties		
7.3 Net amount withheld or retained for account of others		
7.4 Aggregate write-ins for miscellaneous items		
7.5 Total other income (Lines 7.1 to 7.4)		
8. Dividends to policyholders on direct business , less \$ dividends on reinsurance assumed or ceded (net)		
9. Federal and foreign income taxes (paid) recovered	59,002	(507,126)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	330,724	264,555
Cash from Investments		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds		1,802,175
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Net gains or (losses) on cash and short-term investments		
11.7 Miscellaneous proceeds		
11.8 Total investment proceeds (Lines 11.1 to 11.7)		1,802,175
12. Cost of investments acquired (long-term only):		
12.1 Bonds	24,478	2,271,105
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Miscellaneous applications	10,313	
12.7 Total investments acquired (Lines 12.1 to 12.6)	34,791	2,271,105
13. Net Cash from investments (Line 11.8 minus Line 12.7)	(34,791)	(468,930)
Cash from Financing and Miscellaneous Sources		
14. Cash provided:		
14.1 Surplus notes, capital and surplus paid in		
14.2 Capital notes \$ less amounts repaid \$		669
14.3 Net transfers from affiliates		
14.4 Borrowed funds received		
14.5 Other cash provided		
14.6 Total (Lines 14.1 to 14.5)		669
15. Cash applied:		
15.1 Dividends to stockholders paid		
15.2 Net transfers to affiliates		
15.3 Borrowed funds repaid		
15.4 Other applications		
15.5 Total (Lines 15.1 to 15.4)		
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)		669
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16)	295,933	(203,706)
18. Cash and short-term investments:		
18.1 Beginning of year	1,518,708	1,722,414
18.2 End of year (Line 17 plus Line 18.1)	1,814,641	1,518,708
DETAILS OF WRITE-INS		
07.401		
07.402		
07.403		
07.498 Summary of remaining write-ins for Line 7.4 from overflow page		
07.499 Totals (Lines 07.401 thru 07.403 plus 07.498) (Line 7.4 above)		

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Basis of Presentation

The accompanying statutory financial statements of the Company have been prepared in conformity with accounting practices prescribed or permitted by the National Association of Insurance Commissioners and the State of Ohio.

Throughout this statement, the failure of items to add to the totals shown is due to the dropping of amounts less than one dollar.

B. Use of Estimates In preparing the statutory financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the statutory financial statements and revenues and expenses for the reporting period. Actual results could differ from those estimates.

C. Basis of Valuation of Invested Assets

Asset values are valued in accordance with the State of Ohio of the valuations prescribed by the Securities Valuation Office of the National Association of Insurance Commissioners. Bonds not backed by loans are stated at amortized cost using the modified scientific method; loan-backed bonds and structured securities at amortized cost using the scientific method; common and preferred stocks at market except for redeemable preferred stocks at cost; investments in stocks of subsidiaries and affiliates are carried at the pro rate share of underlying equity; investment in real estate or property acquired in satisfaction of debt at depreciated cost less any encumbrances; other investments on the equity basis; and mortgage loans on real estate are stated at the aggregate unpaid balance. The Company does not own any derivative instruments.

The Company does not have any real estate holdings.

Investment income is considered as a factor in the premium deficiency calculation.

The liability for losses is provided based upon formula and case basis estimates for losses reported with respect to direct business, estimates of unreported losses based upon past experience, estimates based on information received relating to assumed reinsurance, and deduction for ceded reinsurance, including amounts placed with affiliates. The Company reflects its liability for losses net of anticipated salvage and subrogation recoverables. The liability for loss adjustment expenses is provided by estimating future expenses to be incurred in settlement of claims provided for in the liability for losses, and is stated after deduction for amounts to be recovered from reinsurers, including affiliates.

2. Accounting Changes and Corrections of Errors

A. Accounting Change or Correction of Error - None

B. Effect of Codification - The Company prepares its statutory financial statements in conformity with accounting practices prescribed by the Department. Effective January 1, 2001, the Department required that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures manual – Version effective January 1, 2001.

Accounting changes adopted to conform to the provisions are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. As a result of these changes, the Company reported a change of accounting principle, as an adjustment that increased (decreased) unassigned funds (surplus), of \$(43,750) as of January 1, 2001.

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes:

A. The components of the net deferred tax asset/(liability) at March 31 are as follows:

	3/31/2002	12/31/2001
(1) Total of all deferred tax assets (admitted and nonadmitted)	348,014	348,014
(2) Total of all deferred tax liabilities	(203,837)	(196,865)
(3) Total deferred tax assets nonadmitted	(143,576)	(150,548)
(4) Increase(decrease) in deferred tax assets non admitted	(6,972)	150,548

B. Deferred tax liabilities are not recognized for the following amounts:

N/A

C. Current income tax incurred consist of the following major components:

	3/31/2002	12/31/2001
1. Current year expense	51,716	448,891
2. Tax credits	-	-
3. Prior year over/under accrual	-	-
4. Current income tax incurred	51,716	448,891

The main components of the 2002 deferred tax amounts are as follows:

DTAs	Statutory	Tax	Difference	Tax Effect
6. Intercompany Receivable	-	(459,754)	459,754	160,914
7. Accts Payable&Other Liabilities	-	-	-	-
8. Capital Gains	-	(525,982)	525,982	184,094
9. Total DTAs	(10,446,000)	(11,440,324)	994,324	348,013
10. DTAs nonadmitted	143,576	N/A	143,576	143,576
DTLs	Statutory	Tax	Difference	Tax Effect
11. Bonds	-	-	-	-
12. Other Invested Assets	-	-	-	-
13. Accts Payable&Other Liabilities	-	-	-	-
14. Accrued dividends	-	-	-	-
15. Total DTLs	-	(582,392)	(582,392)	(203,837)

The changes in main components of DTAs and DTLs are as follows:

DTAs	3/31/2002	12/31/2001	Change
16. Intercompany Receivable	160,914	160,914	(0)
17. Accts Payable&Other Liabilities	-	-	-
18. Capital Gains	184,094	184,094	(0)
19. Total DTAs	348,013	348,013	0
20. DTAs nonadmitted	143,576	150,548	(6,972)
DTLs	3/31/2002	12/31/2001	Change
21. Bonds	-	-	-
22. Other Invested Assets	-	(196,866)	196,866
23. Accts Payable&Other Liabilities	-	-	-
24. Accrued dividends	-	-	-
25. Total DTLs	(203,837)	(196,866)	(6,971)

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes (continued):

D. Among the more significant book to tax adjustments were the following:

	Amount	Tax Effect
1. Income before taxes	175,477	61,417
2. Tax-exempt interest, net	(7,795)	(2,728)
3. Dividends received deduction, net	-	-
4. Dividends received deduction, 100% owned subs	-	-
5. Loss reserve discounting	-	-
6. Unearned premium adjustment	-	-
7. Agents security compensation	-	-
8. Investment related transactions	-	-
9.	-	-
10. All other	(19,921)	(6,972)
11. Separate company taxable income	147,761	51,716
12. Consolidation	-	-
13. Reclass to deferred taxes	-	-
14. Prior year over/under accrual	-	-
15. Other	-	-
16. Tax	51,716	

E.

	Amount	Origination	Expiration
(1) Amount of operating loss carryforwards	N/A		
Amount of AMT tax credits	N/A		
Business credits	N/A		

(2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

Current year	51,716
2001	-
2000	-

F.

(1) The company's federal income tax return is consolidated with the following entities:
No additions or deletions from the most recent annual statement to report.

(2) The method of allocation among the companies is subject to the resolution approved by the Board of Directors.
Allocation is based upon separate return or sub-group aggregated separate return calculations with the company being reimbursed for the actual Federal income tax benefit of its net operating losses which are actually used to reduce the taxable income of other companies in the consolidated return.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:

C. Wash Sales: None

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY**GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain:

.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State Domicile, as required by the Model Act? Yes [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []

If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] NA [X]

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2001

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1996

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/30/1998

7.4 By what department or departments?

Ohio, California, Delaware.....

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]

8.2 If yes, give full information:

.....

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain:

.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

10.2 If yes, give full and complete information relating thereto:

.....

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

12. Amount of real estate and mortgages held in short-term investments: \$ 0

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds	\$	\$
13.22 Preferred Stock	\$	\$
13.23 Common Stock	\$	\$
13.24 Short-term Investments	\$	\$
13.25 Mortgages, Loans or Real Estate	\$	\$
13.26 All Other	\$	\$
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$	\$
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$	\$
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$	\$

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
The Bank of New York.....	One Wall Street, New York, NY 10286.....

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? Yes [] No [X]

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY**GENERAL INTERROGATORIES**

(continued)

**PART 2
PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] NA [X]
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
3.2 If yes, give full and complete information thereto.
.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT			DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR
.....
.....
.....
TOTAL		

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period				
2. Increase (decrease) by adjustment				
3. Cost of acquired				
4. Cost of additions to and permanent improvements				
5. Total profit (loss) on sales				
6. Increase (decrease) by foreign exchange adjustment				
7. Amount received on sales				
8. Book/adjusted carrying value at end of current period				
9. Total valuation allowance				
10. Subtotal (Lines 8 plus 9)				
11. Total nonadmitted amounts				
12. Statement value, current period (Page 2, real estate lines, current period)				

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period				
2. Amount loaned during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount and mortgage interest points and commitment fees				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of mortgages owned at end of current period				

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period				
2. Cost of acquisitions during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book/adjusted carrying value of long-term invested assets at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of long-term invested assets at end of current period				

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	10,952,821	993,679	94,095	(6,091)	11,846,314			10,952,821
2. Class 2	991,694			752	992,446			991,694
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	11,944,515	993,679	94,095	(5,339)	12,838,760			11,944,515
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	11,944,515	993,679	94,095	(5,339)	12,838,760			11,944,515

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
80999999 Totals	2,392,976	XXX	2,392,976	7,607	

SCHEDULE DA - PART 2- Verification

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	1,517,869			1,722,059
2. Cost of short-term investments acquired	969,202			8,453,152
3. Increase (decrease) by adjustment				
4. Increase (decrease) by foreign exchange adjustment				
5. Total profit (loss) on disposal of short-term investments				
6. Consideration received on disposal of short-term investments	94,095			8,657,342
7. Book/adjusted carrying value, current period	2,392,976			1,517,869
8. Total valuation allowance				
9. Subtotal (Lines 7 plus 8)	2,392,976			1,517,869
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	2,392,976			1,517,869
12. Income collected during period	7,884			78,176
13. Income earned during period	7,884			78,176

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule F

NONE

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	Yes	47,328	170,572	.521,353	174,658	1,136,625
2. Alaska	AK	Yes	(2,076)	49,806	4,480	.34,599	26,469
3. Arizona	AZ	No	1,376,390	637,769	.330,802	2,254,294	6,027,665
4. Arkansas	AR	Yes	1,560				3,328
5. California	CA	Yes	9,694,101	7,041,850	4,993,603	.4,433,821	37,291,924
6. Colorado	CO	Yes	35,864	206,662	66,357	.82,889	765,083
7. Connecticut	CT	No					1,006,642
8. Delaware	DE	No	669,869	496,181	.211,468	.3,908	1,016,958
9. District of Columbia	DC	Yes		.5,911			.74
10. Florida	FL	Yes		.5,089			.43,715
11. Georgia	GA	Yes				.7,629	.357
12. Hawaii	HI	Yes					721
13. Idaho	ID	Yes	11,377	26,648		.29,180	.23,206
14. Illinois	IL	Yes	249,598	(105,603)	.39,062	.40,564	523,978
15. Indiana	IN	Yes	944,647	827,834	.146,110	215,248	2,088,090
16. Iowa	IA	Yes	6,469	27,967			.21,512
17. Kansas	KS	Yes	44,293	27,950	1,773	.63,096	532,456
18. Kentucky	KY	Yes	40,160	21,593	1,491	.6,000	.94,008
19. Louisiana	LA	Yes		723	.9,500	.31,799	241,757
20. Maine	ME	Yes					.506,970
21. Maryland	MD	Yes	.72,978	153,339	.73,907	134,325	.752,854
22. Massachusetts	MA	No					.573,759
23. Michigan	MI	Yes	16,389	.6,742	.23,500	.38,545	.28,350
24. Minnesota	MN	Yes	113,594	(25,061)	.44,730	(.5,738)	365,759
25. Mississippi	MS	Yes					.298,347
26. Missouri	MO	Yes	354,793	284,781	.16,724	.22,494	.399,282
27. Montana	MT	Yes	.46,730	.81,920	.9,661	(.250)	.23,599
28. Nebraska	NE	Yes	.20,750	.5,098	.151	(.2,900)	.185,377
29. Nevada	NV	Yes		.3,699		.19,690	.6,432
30. New Hampshire	NH	No					
31. New Jersey	NJ	No					
32. New Mexico	NM	Yes	160,291	119,034	.90,059	222,956	.2,410,777
33. New York	NY	Yes	489,099	249,728	.57,066	.47,358	.1,705,469
34. North Carolina	NC	Yes	107,841	321,409	(4,341)	.89,574	.818,364
35. North Dakota	ND	Yes					.31
36. Ohio	OH	Yes	397,133	399,507	.132,417	209,045	.1,984,099
37. Oklahoma	OK	No					.1,384,072
38. Oregon	OR	Yes	.73,310	30,235	.5,498	.6,444	.46,173
39. Pennsylvania	PA	Yes	.2,341	.69,944		.3,512	.32,417
40. Rhode Island	RI	Yes	.14,410	.40,874	.20,500	.24,827	.74,378
41. South Carolina	SC	Yes	.32,789	.84,761		.2,142	.125,580
42. South Dakota	SD	Yes	.16,244	.43,895			.15,722
43. Tennessee	TN	Yes	.14,897	.2,565		.19,665	.10,548
44. Texas	TX	Yes	.221,911	.196,117	(.78,119)	.174,277	.390,701
45. Utah	UT	Yes	.233,055	305,101	.157,505	.56,733	.1,376,616
46. Vermont	VT	Yes	.27,645	.137,266	.449,617	.228,292	.230,399
47. Virginia	VA	Yes	.11,321	.611			.1,080,815
48. Washington	WA	Yes	.30,090	.18,069	.11,390	.16,637	.815,056
49. West Virginia	WV	Yes	.21,188	.77,042	.174,971	.2,746,780	.1,296,560
50. Wisconsin	WI	Yes	.23,950	.25,967	(.51)		.4,001,648
51. Wyoming	WY	Yes	.3,850	.4,593		.54,793	.21,499
52. American Samoa	AS	No					.17,316
53. Guam	GU	No					
54. Puerto Rico	PR	No					
55. U.S. Virgin Islands	VI	No					
56. Canada	CN	No					
57. Aggregate Other Aliens	OT	XXX					
58. Totals		(a) 44	15,626,179	12,078,188	7,511,184	11,486,886	64,999,381
DETAILS OF WRITE-INS							53,913,933
5701.		XXX					
5702.		XXX					
5703.		XXX					
5798.	Summary of remaining write-ins for Line 57 from overflow page	XXX					
5799.	Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)	XXX					

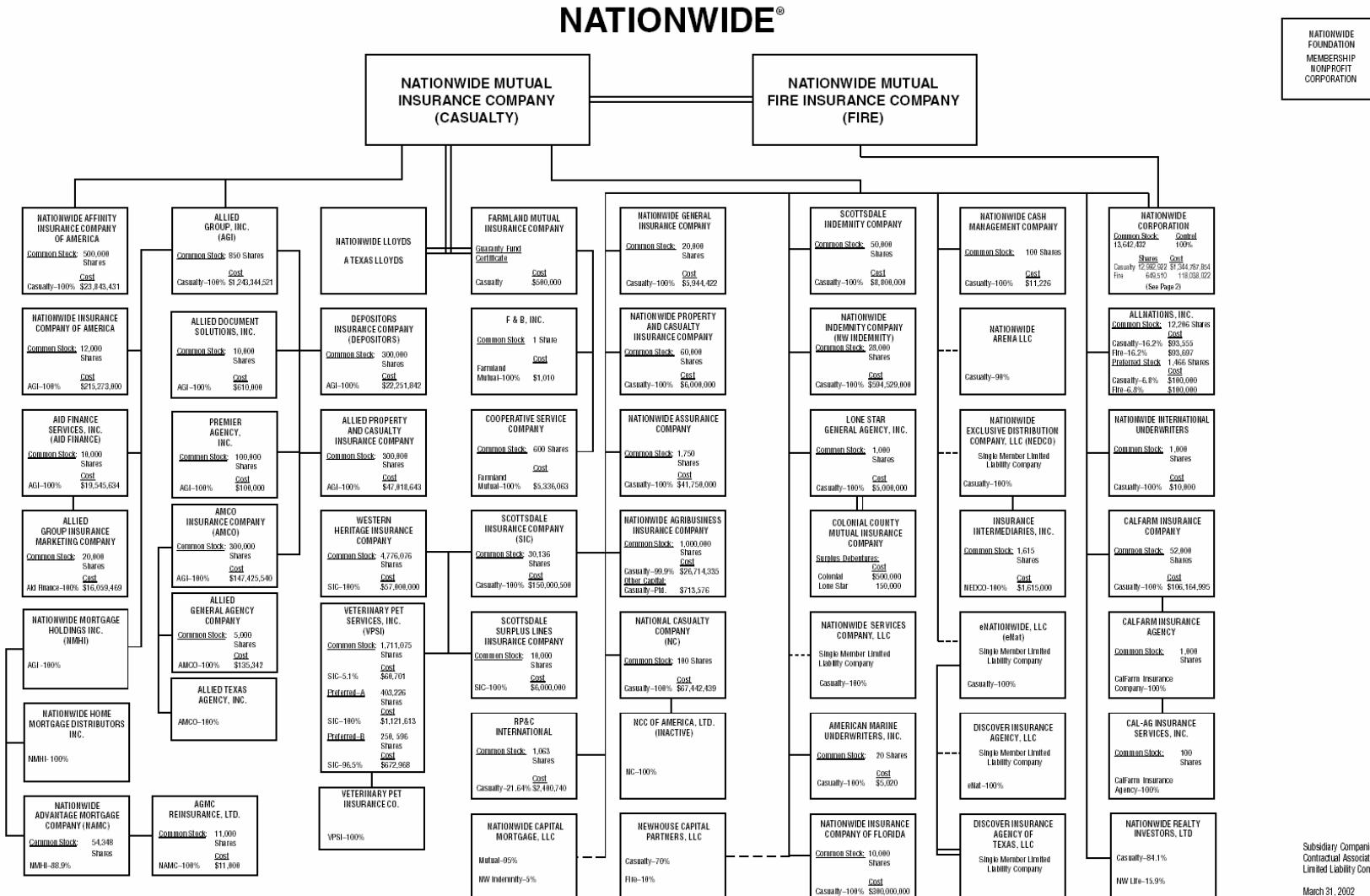
(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

<u>Company</u>	<u>NAIC Number</u>	<u>State of Domicile</u>	<u>F.E.I.D. #</u>
Allied Property and Casualty Insurance Company	42579	IA	42-1201931
AMCO Insurance Company	19100	IA	42-6054959
CalFarm Insurance Company	18961	CA	68-0066866
Colonial County Mutual Insurance Company	29262	TX	74-1061659
Depositors Insurance Company	42587	IA	42-1207150
Farmland Mutual Insurance Company	13838	IA	42-0618271
National Casualty Company	11991	WI	38-0865250
Nationwide Affinity Insurance Company of America	26093	KS	48-0470690
Nationwide Agribusiness Insurance Company	28223	IA	42-1015537
Nationwide Assurance Company	10723	WI	95-0639970
Nationwide General Insurance Company	23760	OH	31-4425763
Nationwide Health Plans Inc	95194	OH	31-1125592
Nationwide Indemnity Company	10070	OH	31-1399201
Nationwide Insurance Company of America	25453	WI	95-2130882
Nationwide Insurance Company of Florida	10948	OH	31-1613686
Nationwide Life and Annuity Insurance Company	92657	OH	31-1000740
Nationwide Life Insurance Company	66869	OH	31-4156830
Nationwide Lloyds	42110	TX	75-1780981
Nationwide Mutual Fire Insurance Company	23779	OH	31-4177110
Nationwide Mutual Insurance Company	23787	OH	31-4177100
Nationwide Property & Casualty Insurance Company	37877	OH	31-0970750
Scottsdale Indemnity Company	15580	OH	31-1117969
Scottsdale Insurance Company	41297	OH	31-1024978
Scottsdale Surplus Lines Insurance Company	10672	AZ	86-0835870
Western Heritage Insurance Company	37150	AZ	86-0561941

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

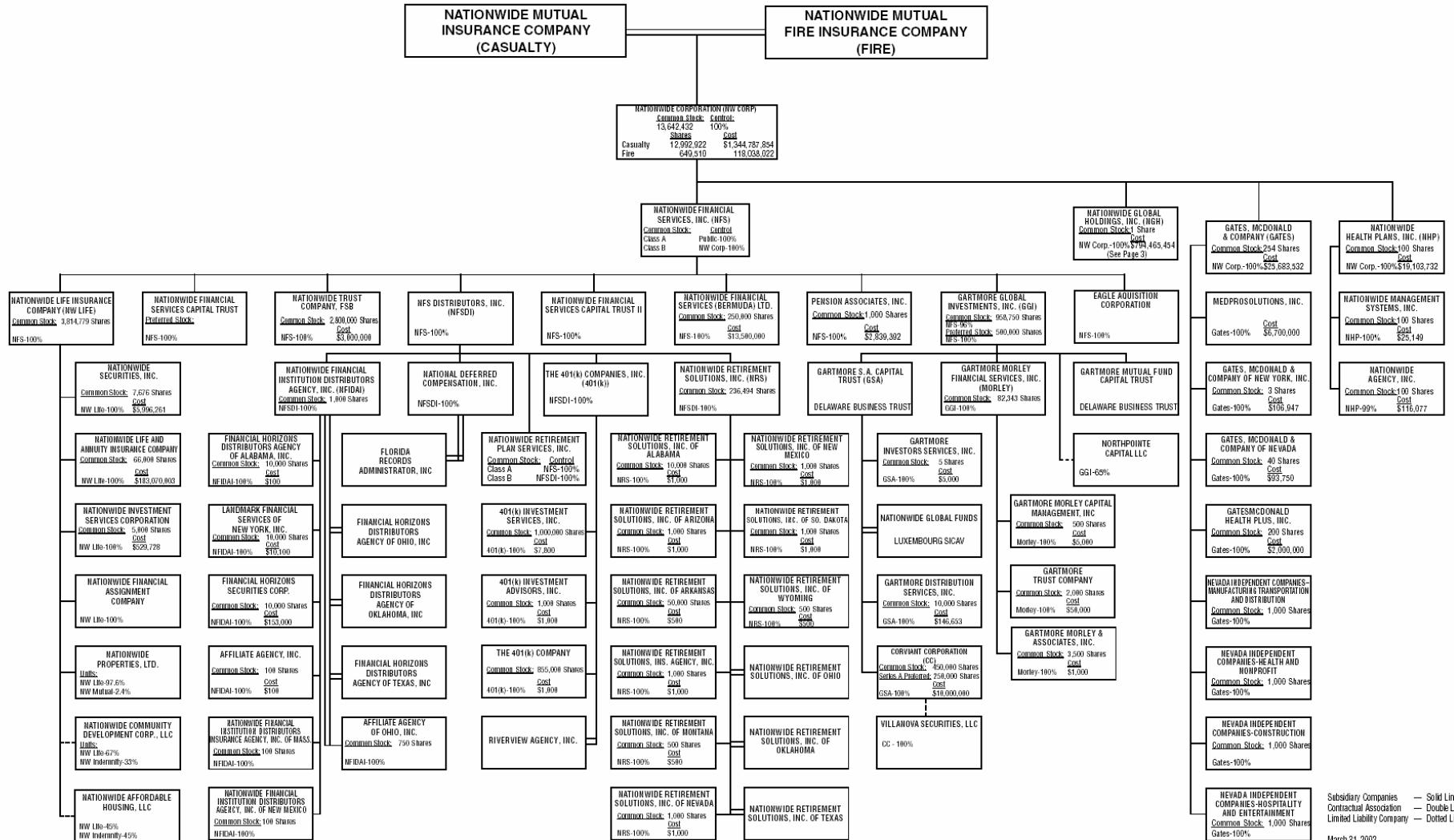
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

NATIONWIDE®



Subsidiary Companies — Solid Line
Contractual Association — Double Line
Limited Liability Company — Dotted Line

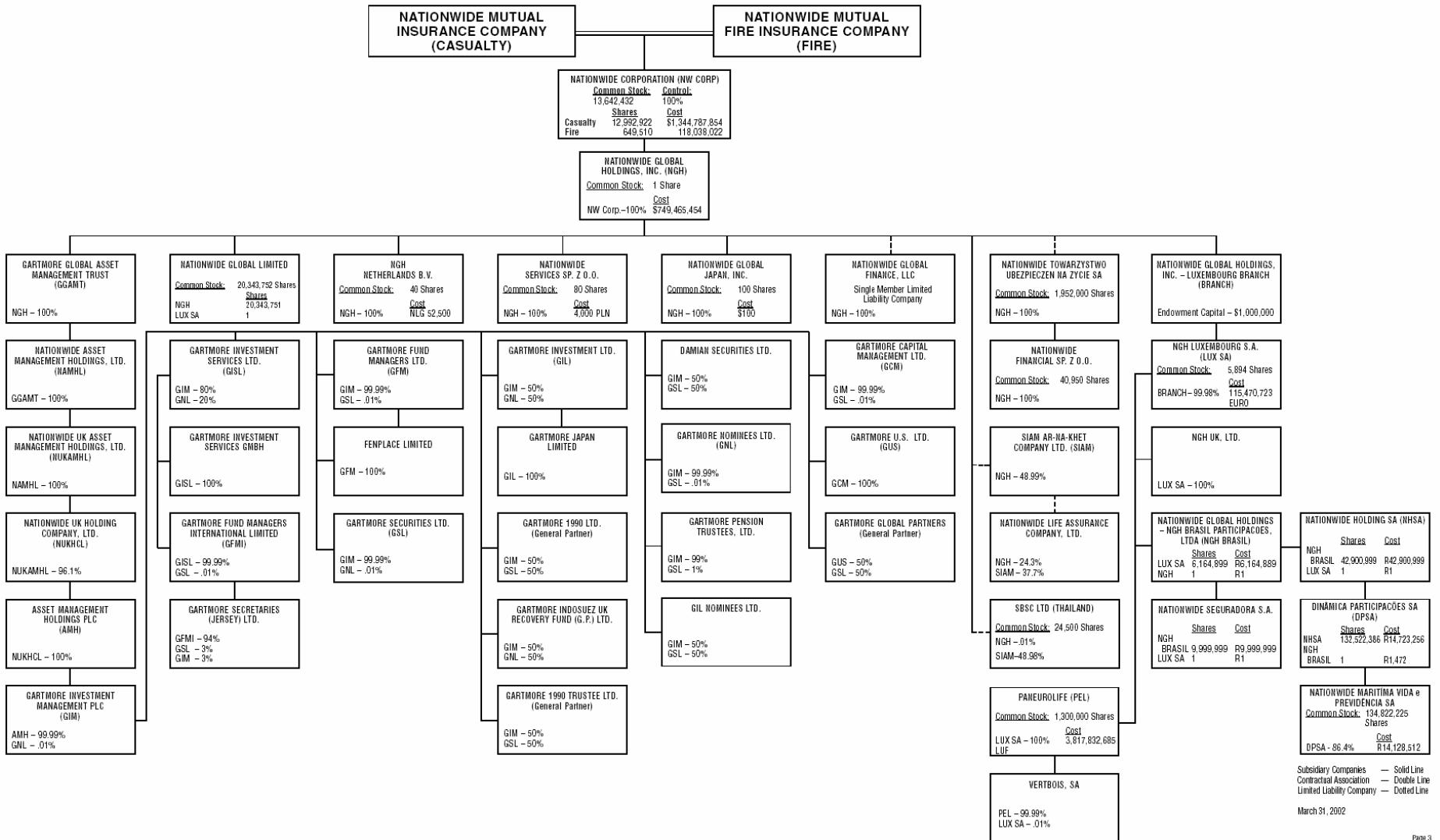
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STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**

NATIONWIDE®



Subsidiary Companies — Solid Line
Contractual Association — Double Line
Limited Liability Company — Dotted Line

Page 3

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	220,842	102,406	46.4	31.3
2. Allied Lines	109,635	9,958	9.1	(29.2)
3. Farmowners multiple peril	1,158	(509)	(32.7)	91.0
4. Homeowners multiple peril	27,117	(21,592)	(79.6)	30.1
5. Commercial multiple peril	715,543	19,926	2.8	(9.2)
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	198,464	25,020	12.6	(19.6)
10. Financial guaranty				
11.1 Medical malpractice - occurrence	80,122	663,239	827.8	(2,276.7)
11.2 Medical malpractice - claims-made		(316,561)		147.6
12. Earthquake	14,603	25,000	171.2	
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation		81,421		
17.1 Other liability - occurrence	5,124,099	7,580,056	147.9	33.5
17.2 Other liability - claims-made	1,086,616	661,463	60.9	101.2
18.1 Products liability - occurrence	67,053	(67,508)	(100.7)	(42.1)
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability		(771)		
19.3,19.4 Commercial auto liability	7,456,263	3,621,499	48.6	68.9
21. Auto physical damage	1,988,764	1,340,302	67.4	75.5
22. Aircraft (all perils)				
23. Fidelity	.680			53.3
24. Surety				
26. Burglary and theft	104			
27. Boiler and machinery	13,292	(155,000)	(1,166.1)	
28. Credit				
29. International				
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business				
34. Totals	17,104,755	13,568,349	79.3	49.5
DETAILS OF WRITE-INS				
3301.				
3302.				
3303.				
3398. Summary of remaining write-ins for Line 33 from overflow page				
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	273,431	273,431	190,577
2. Allied Lines	114,421	114,421	115,787
3. Farmowners multiple peril	(1,109)	(1,109)	1,152
4. Homeowners multiple peril	22,640	22,640	24,052
5. Commercial multiple peril	865,971	865,971	638,893
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	182,187	182,187	.87,040
10. Financial guaranty			
11.1 Medical malpractice - occurrence			(12,762)
11.2 Medical malpractice - claims-made			(1,367)
12. Earthquake	30,906	30,906	.53,368
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability - occurrence	5,264,884	5,264,884	3,978,107
17.2 Other liability - claims-made	1,026,079	1,026,079	565,580
18.1 Products liability - occurrence	99,879	99,879	.53,370
18.2 Products liability - claims-made			
19.1,19.2 Private passenger auto liability			
19.3,19.4 Commercial auto liability	6,072,428	6,072,428	4,891,703
21. Auto physical damage	1,656,313	1,656,313	1,468,820
22. Aircraft (all perils)			
23. Fidelity	1,463	1,463	2,378
24. Surety			
26. Burglary and theft	.500	.500	2,793
27. Boiler and machinery	16,186	16,186	18,697
28. Credit			
29. International			
30. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
31. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
33. Aggregate write-ins for other lines of business			
34. Totals	15,626,179	15,626,179	12,078,188
DETAILS OF WRITE-INS			
3301.			
3302.			
3303.			
3398. Summary of remaining write-ins for Line 33 from overflow page			
3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above)			

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2)	4 2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2002 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (b) (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (c) (Cols. 11 + 12)
1. 1999 + Prior													
2. 2000													
3. Subtotals 2000 + Prior													
4. 2001													
5. Subtotals 2001 + Prior													
6. 2002	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End's Surplus As Regards Policyholders	12,215,669										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
										1.	2.	3.	Col. 13, Line 7 As a % of Col. 1 Line 8
										4.			

(a) Should Equal Prior Year-End Annual Statement; Page 3, Col. 1, Lines 1 + 3

(b) Should Equal Q.S. Page 3, Col. 1, Lines 1 and 3.

(c) Should Also Equal Cols. 6 + 10 less Col. 3 for Lines 1 through 5 only.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

1. Will the SVO Compliance Certification be filed with this statement? Yes
2. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? No
3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement? Yes

Explanations:

Bar Codes:

Trusteed Surplus Statement (Document Identifier 490) here:



OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 1
NONE

Schedule B - Part 2
NONE

Schedule BA - Part 1
NONE

Schedule BA - Part 2
NONE

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues 0

(d) For all common stock bearing the N.W.C. designation, C. provide the number of such issues 0

E04

Schedule D - Part 4
NONE

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

STATEMENT AS OF MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE E - PART 1 - CASH



SUPPLEMENT FOR MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

Designate the type of health care providers
reported on this page

Physicians

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
			4 Amount	5 Number of Claims		7 Amount Reported	8 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Canada	CN							
57. Aggregate Other Aliens	OT							
58. Totals		80,122	100,000	1	346,676	250,000	1	744,980
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798.	Summary of remaining write-ins for Line 57 from overflow page							
5799.	Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)							



SUPPLEMENT FOR MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

Designate the type of health care providers
reported on this page
Hospitals

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
			4 Amount	5 Number of Claims		7 Amount Reported	8 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Canada	CN							
57. Aggregate Other Aliens	OT							
58. Totals								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798.	Summary of remaining write-ins for Line 57 from overflow page							
5799.	Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)							



SUPPLEMENT FOR MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

Designate the type of health care providers
reported on this page

Other Health Care Professionals

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
			4 Amount	5 Number of Claims		7 Amount Reported	8 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Canada	CN							
57. Aggregate Other Aliens	OT							
58. Totals								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								

NONE



SUPPLEMENT FOR MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

Designate the type of health care providers
reported on this page

Other Health Care Facilities

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
			4 Amount	5 Number of Claims		7 Amount Reported	8 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Canada	CN							
57. Aggregate Other Aliens	OT							
58. Totals								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								

NONE



SUPPLEMENT FOR MARCH 31, 2002 OF THE SCOTTSDALE INDEMNITY COMPANY

Designate the type of health care providers
reported on this page
Medical Malpractice Policies

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	Direct Losses Paid		6 Direct Losses Incurred	Direct Losses Unpaid		9 Direct Losses Incurred But Not Reported
			4 Amount	5 Number of Claims		7 Amount Reported	8 Number of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Canada	CN							
57. Aggregate Other Aliens	OT							
58. Totals								
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page								
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)								

NONE