



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

Scottsdale Insurance Company

NAIC Group Code 0140 0140 NAIC Company Code 41297 Employer's ID Number 31-1024978
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Incorporated/Organized 01/04/1982 Commenced Business 07/01/1982

Statutory Home Office One West Nationwide Blvd., Columbus, OH 43215-2220
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 8877 N. Gainey Center Drive, 480-365-4000
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address One West Nationwide Blvd., 1-04-701, Columbus, OH 43215-2220
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records One West Nationwide Blvd., 1-04-701, 614-249-1545
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.scottsdaleins.com

Statutory Statement Contact Arlene E. Swanson, 614-249-1545
(Name) (Area Code) (Telephone Number)
FinRpt@nationwide.com, 866-315-1430
(E-mail Address) (FAX Number)

OFFICERS

President & COO	<u>Michael Dean Miller</u>	Director & Treasurer	<u>Michael Patrick Leach #</u>
VP & Asst Secretary	<u>Randall Lee Orr</u>	VP & Secretary	<u>Robert William Horner III</u>

OTHER

<u>Pamela Ann Biesecker</u> Sr VP-Head of Taxation	<u>Thomas Williams Dietrich</u> Sr VP-Div General Counsel	<u>John Edward Goodloe</u> Sr VP
<u>Craig Edward Landi</u> Sr VP-Underwriting	<u>Gary Lynn Tiepelman</u> Sr VP-Underwriting	<u>Susan Feola Wain</u> Sr VP-Claims

DIRECTORS OR TRUSTEES

<u>Michael Patrick Leach #</u>	<u>Michael Dean Miller</u>	<u>Doreen Katherine Reinke</u>
<u>Gary Lynn Tiepelman</u>	<u>Susan Feola Wain</u>	

State of Arizona SS:
County of Maricopa

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Dean Miller
President & COO

Randall Lee Orr
VP & Asst Secretary

Michael Patrick Leach
Director & Treasurer

Subscribed and sworn to before me this
day of April, 2012

a. Is this an original filing?
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Yes [] No []

STATEMENT AS OF MARCH 31, 2012 OF THE SCOTTSDALE INSURANCE 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 (Cols. 1+2)	4 2012 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2012 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2012 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open 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 (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 (Cols. 11+12)
1. 2009 + Prior	90,017	49,462	139,479	13,474	150	13,624	81,051	.746	43,668	125,465	4,508	(4,898)	(390)
2. 2010	46,704	30,109	76,813	8,302	108	8,410	40,831	.912	26,091	67,834	2,429	(2,998)	(569)
3. Subtotals 2010 + Prior	136,721	79,571	216,292	21,776	258	22,034	121,882	1,658	69,759	193,299	6,937	(7,896)	(959)
4. 2011	86,132	75,284	161,416	33,641	4,917	38,558	69,049	5,873	50,467	125,389	16,558	(14,027)	2,531
5. Subtotals 2011 + Prior	222,853	154,855	377,708	55,417	5,175	60,592	190,931	7,531	120,226	318,688	23,495	(21,923)	1,572
6. 2012	XXX	XXX	XXX	XXX	37,292	37,292	XXX	21,670	32,615	54,285	XXX	XXX	XXX
7. Totals	222,853	154,855	377,708	55,417	42,467	97,884	190,931	29,201	152,841	372,973	23,495	(21,923)	1,572
8. Prior Year-End Surplus As Regards Policyholders											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
			678,769								1. 10.5	2. (14.2)	3. 0.4
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.2