
AMENDED FILING EXPLANATION

Reason for Amendment : Changes made in response of Supplemental Interrogatories Questionnaire for Cyber security and Identity Theft Ins. Coverage Supp.



ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

SCOTTSDALE INSURANCE COMPANY

NAIC Group Code.....0140 0140
(Current Period) (Prior Period)

NAIC Company Code..... 41297

Employer's ID Number..... 31-1024978

Organized under the Laws of OHIO
Incorporated/Organized..... January 4, 1982

State of Domicile or Port of Entry OHIO

Country of Domicile US

Statutory Home Office

ONE WEST NATIONWIDE BLVD..... COLUMBUS OH US 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

8877 N. GAINY CENTER DRIVE..... SCOTTSDALE AZ US..... 85258-2108 480-365-4000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address

ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS OH US .. 43215-2220
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS OH ... US 43215-2220....614-249-1545
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address

WWW.SCOTTSDALEINS.COM

Statutory Statement Contact

CHERYL M. DENNIS

(Name)

FINRPT@NATIONWIDE.COM

(E-Mail Address)

614-249-1545

(Area Code) (Telephone Number) (Extension)

866-315-1430

(Fax Number)

OFFICERS

Name
1. THOMAS EDWARD CLARK #
3. KENNETH ARI LEVINE #

Title
PRESIDENT
VP & TREASURER

Name
2. ROBERT WILLIAM HORNER III

Title
VP & SECRETARY

PAMELA ANN BIESECKER
GALE VERDELL KING #

SR VP-HEAD OF TAXATION
EXEC VP - CHIEF ADMIN OFF

THOMAS WAYNE JURGENS #
DAVID NEIL NELSON #

SR VP- BRKG-EXCESS & SURPLUS
SR VP-CONTRACT& PRG UNDRW

OTHER

MARK ALLEN BERVEN #
DAVID NEIL NELSON #

THOMAS EDWARD CLARK #

THOMAS WAYNE JURGENS #

MICHAEL PATRICK LEACH

DIRECTORS OR TRUSTEES

State of..... OHIO
County of.... FRANKLIN

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.

(Signature)
THOMAS EDWARD CLARK
1. (Printed Name)
PRESIDENT
(Title)

(Signature)
ROBERT WILLIAM HORNER III
2. (Printed Name)
VP & SECRETARY
(Title)

(Signature)
KENNETH ARI LEVINE
3. (Printed Name)
VP & TREASURER
(Title)

Subscribed and sworn to before me
This _____ day of _____ 2016

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

Yes [] No [X]

2

04/19/2016

2