
AMENDED FILING EXPLANATION

Reason for Amendment : Schedule T has been amended to update FL, NY and PA with an excess and surplus status. The majority of the business in these states is done as an excess and surplus carrier.



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

State of Domicile or Port of Entry OHIO

Country of Domicile US

Incorporated/Organized..... January 4, 1982

Commenced Business..... July 1, 1982

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. GAINNEY 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 OHUS ... 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)

614-249-1545
(Area Code) (Telephone Number) (Extension)

FINRPT@NATIONWIDE.COM
(E-Mail Address)

866-315-1430
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. THOMAS EDWARD CLARK #	PRESIDENT	2. ROBERT WILLIAM HORNER III	VP & SECRETARY
3. KENNETH ARI LEVINE #	VP & TREASURER		

OTHER

PAMELA ANN BIESECKER	SR VP-HEAD OF TAXATION	THOMAS WAYNE JURGENS #	SR VP- BRKG-EXCESS & SURPLUS
GALE VERDELL KING #	EXEC VP - CHIEF ADMIN OFF	DAVID NEIL NELSON #	SR VP-CONTRACT& PRG UNDRW

DIRECTORS OR TRUSTEES

MARK ALLEN BERVEN #	THOMAS EDWARD CLARK #	THOMAS WAYNE JURGENS #	MICHAEL PATRICK LEACH
DAVID NEIL NELSON #			

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)	(Signature)	(Signature)
THOMAS EDWARD CLARK	ROBERT WILLIAM HORNER III	KENNETH ARI LEVINE
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	VP & SECRETARY	VP & TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____ 2016

a. Is this an original filing?

Yes [] No [X]

b. If no

1. State the amendment number 4

2. Date filed 04/28/2016

3. Number of pages attached 4

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	6 Totals
1.	Alabama.....AL					0
2.	Alaska.....AK					0
3.	Arizona.....AZ					0
4.	Arkansas.....AR					0
5.	California.....CA					0
6.	Colorado.....CO					0
7.	Connecticut.....CT					0
8.	Delaware.....DE					0
9.	District of Columbia.....DC					0
10.	Florida.....FL					0
11.	Georgia.....GA					0
12.	Hawaii.....HI					0
13.	Idaho.....ID					0
14.	Illinois.....IL					0
15.	Indiana.....IN					0
16.	Iowa.....IA					0
17.	Kansas.....KS					0
18.	Kentucky.....KY					0
19.	Louisiana.....LA					0
20.	Maine.....ME					0
21.	Maryland.....MD					0
22.	Massachusetts.....MA					0
23.	Michigan.....MI					0
24.	Minnesota.....MN					0
25.	Mississippi.....MS					0
26.	Missouri.....MO					0
27.	Montana.....MT					0
28.	Nebraska.....NE					0
29.	Nevada.....NV					0
30.	New Hampshire.....NH					0
31.	New Jersey.....NJ					0
32.	New Mexico.....NM					0
33.	New York.....NY					0
34.	North Carolina.....NC					0
35.	North Dakota.....ND					0
36.	Ohio.....OH					0
37.	Oklahoma.....OK					0
38.	Oregon.....OR					0
39.	Pennsylvania.....PA					0
40.	Rhode Island.....RI					0
41.	South Carolina.....SC					0
42.	South Dakota.....SD					0
43.	Tennessee.....TN					0
44.	Texas.....TX					0
45.	Utah.....UT					0
46.	Vermont.....VT					0
47.	Virginia.....VA					0
48.	Washington.....WA					0
49.	West Virginia.....WV					0
50.	Wisconsin.....WI					0
51.	Wyoming.....WY					0
52.	American Samoa.....AS					0
53.	Guam.....GU					0
54.	Puerto Rico.....PR					0
55.	US Virgin Islands.....VI					0
56.	Northern Mariana Islands.....MP					0
57.	Canada.....CAN					0
58.	Aggregate Other Alien.....OT					0
59.	Totals.....	0	0	0	0	0

NONE