
AMENDED FILING EXPLANATION

Filing amended to include Medicare Supplement Interrogatories electronic data for all states and territories.



ANNUAL STATEMENT
For the Year Ended December 31, 2016
of the Condition and Affairs of the
NATIONAL CASUALTY COMPANY

NAIC Group Code..... 0140, 0140
(Current Period) (Prior Period)
Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US
Incorporated/Organized..... December 19, 1904 Commenced Business..... December 31, 1904
Statutory Home Office ONE WEST NATIONWIDE BLVD, 1-04-701..... Columbus OH US 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 8877 N. GAINES 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 614-249-1545
(Name) (Area Code) (Telephone Number) (Extension)
FINRPT@NATIONWIDE.COM 866-315-1430
(E-Mail Address) (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	MICHAEL ALOYSIUS BOYD	SR VP-ENTERPRISE BRAND MRKT
MARTHA LOVETTE FRYE	SR REG VP-SOUTHEAST EXCL DIST	THOMAS WAYNE JURGENS	SR VP- BRKG-EXCESS & SURPLUS
DAVID NEIL NELSON	SR VP-CONTRACT & PRGM 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) THOMAS EDWARD CLARK	(Signature) ROBERT WILLIAM HORNER III	(Signature) KENNETH ARI LEVINE
1. (Printed Name) PRESIDENT	2. (Printed Name) VP & SECRETARY	3. (Printed Name) VP & TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2017

a. Is this an original filing?	Yes [] No [X]
b. If no	
1. State the amendment number	1
2. Date filed	5/15/2017
3. Number of pages attached	56