
AMENDED FILING EXPLANATION

Amended filing due to updated claim counts.



ANNUAL STATEMENT
For the Year Ended December 31, 2020
of the Condition and Affairs of the
NATIONAL CASUALTY COMPANY

NAIC Group Code.....	140, 140	NAIC Company Code.....	11991	Employer's ID Number.....	38-0865250
	(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. .. 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 (Street and Number) (City or Town, State, Country and Zip Code)			480-365-4000	(Area Code) (Telephone Number)
Mail Address	ONE WEST NATIONWIDE BLVD., FRAP SOLUTIONS .. 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., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220 (Street and Number) (City or Town, State, Country and Zip Code)			614-249-1545	(Area Code) (Telephone Number)
Internet Web Site Address	WWW.SCOTTSDALEINS.COM				
Statutory Statement Contact	ANDREA D IACOBONI (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. DENISE LYNN SKINGLE	SVP & SECRETARY	2. AMBER M. WAYNE	VP & TREASURER

OTHER

PAMELA ANN BIESECKER SVP-HEAD OF TAXATION

DIRECTORS OR TRUSTEES

MARK ALLEN BERVEN THOMAS WAYNE JURGENS DAVID NELSON NELSON ELIZABETH MARGARET RICZKO

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)
DENISE LYNN SKINGLE	AMBER M. WAYNE	
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
SVP & SECRETARY	VP & TREASURER	
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [] No [X]
This _____ day of _____ 2021	b. If no	
	1. State the amendment number	1
	2. Date filed	4/28/2021
	3. Number of pages attached	3