
AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created.



ANNUAL STATEMENT

For the Year Ended December 31, 2020
of the Condition and Affairs of the

SCOTTSDALE INDEMNITY COMPANY

NAIC Group Code.....	140, 140	NAIC Company Code.....	15580	Employer's ID Number.....	31-1117969
	(Current Period) (Prior Period)				
Organized under the Laws of OH		State of Domicile or Port of Entry	OH	Country of Domicile	US
Incorporated/Organized.....	November 14, 1984	Commenced Business.....	August 1, 1985		
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			480-365-4000	
	(Street and Number) (City or Town, State, Country and Zip Code)			(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			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. 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 NEIL 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) DENISE LYNN SKINGLE 1. (Printed Name) SVP & SECRETARY (Title)	 (Signature) AMBER M. WAYNE 2. (Printed Name) VP & TREASURER (Title)	 (Signature)  3. (Printed Name)  (Title)
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Subscribed and sworn to before me
This 13th day of February 2021

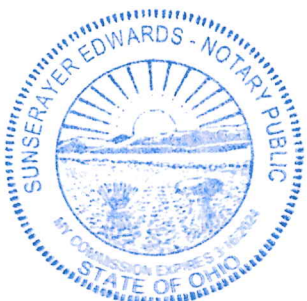
a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____



SCOTTSDALE INDEMNITY COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
			2 Direct Premiums Written	3 Direct Premiums Earned						
States, Etc.										
1.	Alabama.....AL	L	2,759,335	2,596,240		554,260	(236,741)	2,045,459		
2.	Alaska.....AK	L	10,720	8,382			12,418	15,338		
3.	Arizona.....AZ	E	24,554,246	23,223,551		9,724,953	11,397,726	21,903,169	40	
4.	Arkansas.....AR	L	559,863	537,984		1,707,125	890,874	335,049	50	
5.	California.....CA	L	91,309,907	83,844,368		46,068,453	84,772,262	138,836,559	95,917	
6.	Colorado.....CO	L	5,460,264	4,591,678		1,083,681	2,222,333	2,674,485		
7.	Connecticut.....CT	L	375,353	613,877			375,125	1,667,035		
8.	Delaware.....DE	E	6,985,007	7,251,633		1,838,760	1,952,117	5,627,398		
9.	District of Columbia.....DC	L	1,935,385	1,596,025		206,564	585,789	1,007,900		
10.	Florida.....FL	L	17,227,463	15,753,925		15,923,944	10,317,406	10,822,674		
11.	Georgia.....GA	L	12,601,395	10,154,882		2,125,088	7,599,679	9,823,910	1,650	
12.	Hawaii.....HI	L	35,283	16,176			138	160		
13.	Idaho.....ID	L	1,102,704	969,939		27,971	270,045	475,185	55	
14.	Illinois.....IL	L	6,860,128	6,233,007		1,500,274	4,243,429	6,545,392		
15.	Indiana.....IN	L	4,252,289	6,024,675		6,441,340	4,616,943	8,054,203	645	
16.	Iowa.....IA	L	3,303,552	3,734,762		1,193,732	1,838,963	4,899,507	360	
17.	Kansas.....KS	L	1,409,231	1,921,052		5,049,064	5,462,298	929,581	105	
18.	Kentucky.....KY	L	1,529,577	1,407,158		17,758	347,599	823,189	45	
19.	Louisiana.....LA	L	577,728	480,216			199,486	263,627		
20.	Maine.....ME	L	429,309	427,037			84,477	177,697		
21.	Maryland.....MD	L	4,437,463	3,989,259		936,581	2,205,787	3,686,837		
22.	Massachusetts.....MA	L	495,706	80,440						
23.	Michigan.....MI	L	4,857,850	4,099,653		468,805	2,154,798	2,897,690	145	
24.	Minnesota.....MN	L	5,989,303	5,618,559		1,591,360	2,897,261	4,144,301	81	
25.	Mississippi.....MS	L	838,107	690,594		20,000	159,890	351,818		
26.	Missouri.....MO	L	3,132,768	2,907,525		1,311,313	1,561,986	1,864,411	335	
27.	Montana.....MT	L	833,744	743,373		135,350	279,190	510,734		
28.	Nebraska.....NE	L	583,487	1,105,513		2,932,341	2,508,075	1,057,464		
29.	Nevada.....NV	L	4,092,008	3,709,040		946,210	2,344,143	2,522,874		
30.	New Hampshire.....NH	L	27,757	16,353						
31.	New Jersey.....NJ	L								
32.	New Mexico.....NM	L	1,013,442	1,025,053		61,730	247,862	677,508		
33.	New York.....NY	L	2,267,356	16,204,198		29,537,185	23,243,015	160,505,570		
34.	North Carolina.....NC	L	3,701,220	3,269,145		240,240	1,384,034	2,223,147		
35.	North Dakota.....ND	L	598,642	593,288			243,080	392,502		
36.	Ohio.....OH	L	4,152,090	3,489,893		1,823,172	1,188,127	3,275,630	275	
37.	Oklahoma.....OK	L	24,200	14,409						
38.	Oregon.....OR	L	2,965,723	2,580,565		185,548	985,026	1,616,371		
39.	Pennsylvania.....PA	L	6,491,597	5,710,610		1,058,763	3,067,068	4,578,288		
40.	Rhode Island.....RI	L	769,971	638,633		74,099	175,711	568,953		
41.	South Carolina.....SC	L	1,578,227	1,751,920		166,174	905,661	1,542,371		
42.	South Dakota.....SD	L	384,149	297,221		87,500	46,829	141,101		
43.	Tennessee.....TN	L	3,801,436	3,309,296		829,897	1,431,374	2,017,604	45	
44.	Texas.....TX	L	15,626,507	13,737,665		8,135,900	12,559,079	10,265,192	50	
45.	Utah.....UT	L	3,203,203	3,370,666		846,810	1,678,367	2,103,342	50	
46.	Vermont.....VT	L	129,640	71,684			1,592	7,882		
47.	Virginia.....VA	L	555,132	641,422		2,500,000	2,519,461	1,726,737		
48.	Washington.....WA	L	7,569,530	6,927,749		2,078,910	5,185,454	7,062,431		
49.	West Virginia.....WV	L	514,663	703,697		164,168	266,636	377,303		
50.	Wisconsin.....WI	L	(212,648)	184,950		91,361	237,171	1,454,361		
51.	Wyoming.....WY	L	36,018	56,540		119,753	139,929	48,981		
52.	American Samoa.....AS	N								
53.	Guam.....GU	L								
54.	Puerto Rico.....PR	N								
55.	US Virgin Islands.....VI	N								
56.	Northern Mariana Islands.....MP	N								
57.	Canada.....CAN	E	8,272	433,111			289,608	1,234,158		
58.	Aggregate Other Alien.....OT	XXX	(739,600)	236,545	0	0	135,716	2,552,446	0	0
59.	Totals.....	XXX	263,005,702	259,595,138	0	149,806,134	206,994,301	438,335,522	99,848	0

DETAILS OF WRITE-INS

58001.	Bermuda BMU.....	XXX	(739,600)	236,545			135,716	2,542,719		
58002.	England GBR.....	XXX						9,727		
58003.	XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	(739,600)	236,545	0	0	135,716	2,552,446	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 50

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)..... 3

D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile..... 0

(b) Explanation of Basis of Allocation of Premiums by States, etc.

Premiums are allocated to those states where the insured risks are located: principle garage for automobile, physical address for homeowners commercial multiple peril and other liability and main place of work for workers' compesation. Allocation of premiums for individual and group health insurance is based on the situs of the contract.

R - Registered - Non-domiciled RRGs..... 0

Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 4