



QUARTERLY STATEMENT

As of March 31, 2021
of the Condition and Affairs of the

NATIONAL CASUALTY COMPANY

NAIC Group Code.....140
(Current Period) (Prior Period)

NAIC Company Code..... 11991

Employer's ID Number..... 38-0865250

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

18700 N. HAYDEN ROAD .. SCOTTSDALE .. AZ .. US .. 85255
(Street and Number) (City or Town, State, Country and Zip Code)

480-365-4000

Mail Address

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US ..
43215-2220
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

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

Internet Web Site Address

WWW.SCOTTSDALEINS.COM

(Area Code) (Telephone Number)

Statutory Statement Contact

ANDREA D IACOBONI

614-249-1545

(Name)
FINRPT@NATIONWIDE.COM
(E-Mail Address)

(Area Code) (Telephone Number) (Extension)
866-315-1430
(Fax Number)

OFFICERS

Name

1. RUSSELL MARK JOHNSTON #
3. AMBER M. WAYNE

Title

PRESIDENT
VP & TREASURER

Name

2. DENISE LYNN SKINGLE

Title

SVP & SECRETARY

OTHER

PAMELA ANN BIESECKER

SVP-HEAD OF TAXATION

DIRECTORS OR TRUSTEES

MARK ALLEN BERVEN
ELIZABETH MARGARET RICZKO

RUSSELL MARK JOHNSTON #

THOMAS WAYNE JURGENS

DAVID NELSON 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)
RUSSELL MARK JOHNSTON
1. (Printed Name)
PRESIDENT
(Title)

(Signature)
DENISE LYNN SKINGLE
2. (Printed Name)
SVP & SECRETARY
(Title)

(Signature)
AMBER M. WAYNE
3. (Printed Name)
VP & TREASURER
(Title)

Subscribed and sworn to before me
This 12th day of May

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

Yes No

