



QUARTERLY STATEMENT
As of September 30, 2021
of the Condition and Affairs of the
NATIONAL CASUALTY COMPANY

NAIC Group Code.....140, 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
(Area Code) (Telephone Number)
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)
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. RUSSELL MARK JOHNSTON	PRESIDENT	2. DENISE LYNN SKINGLE	SVP & SECRETARY
3. AMBER M. WAYNE	VP & TREASURER		

OTHER

PAMELA ANN BIESECKER
SVP-HEAD OF TAXATION

DIRECTORS OR TRUSTEES

MARK ALLEN BERVEN	OSCAR GUERRERO #	RUSSELL MARK JOHNSTON	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)	(Signature)	(Signature)
RUSSELL MARK JOHNSTON	DENISE LYNN SKINGLE	AMBER M. WAYNE
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	SVP & SECRETARY	VP & TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me,
This 8th day of November, 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



LISA M. MILLER
Notary Public, State of Ohio
My Commission Expires 9-27-22