



QUARTERLY STATEMENT

As of September 30, 2021
of the Condition and Affairs of the

SCOTTSDALE INSURANCE COMPANY

NAIC Group Code.....140, 140 (Current Period) (Prior Period)	NAIC Company Code..... 41297	Employer's ID Number..... 31-1024978
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... January 4, 1982	Commenced Business..... July 1, 1982	
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) FINRPT@NATIONWIDE.COM (E-Mail Address)	614-249-1545 (Area Code) (Telephone Number) (Extension) 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

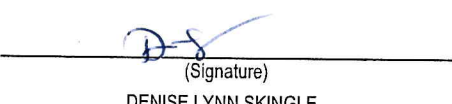
PAMELA ANN BIESECKER SVP-HEAD OF TAXATION

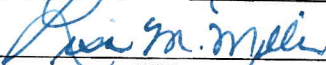
DIRECTORS OR TRUSTEES

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