



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

SCOTTSDALE INDEMNITY COMPANY

NAIC Group Code 0140 NAIC Company Code 15580 Employer's ID Number 31-1117969
(Current) (Prior)Organized under the Laws of OHIO, State of Domicile or Port of Entry OH
Country of Domicile United States of AmericaIncorporated/Organized 11/14/1984 Commenced Business 08/01/1985Statutory 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
(Street and Number) SCOTTSDALE, AZ, US 85255, 480-365-4000
(City or Town, State, Country and Zip Code) (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
(Street and Number) COLUMBUS, OH, US 43215-2220, 614-249-1545
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address WWW.NATIONWIDE.COMStatutory Statement Contact ANDREA D. IACOBONI, 614-249-1545
(Name) FINRPT@NATIONWIDE.COM, 866-315-1430
(E-mail Address) (FAX Number)

OFFICERS

PRESIDENT RUSSELL MARK JOHNSTON VP & TREASURER KIMBERLY ELLEN LACKER #
SVP & SECRETARY DENISE LYNN SKINGLE

OTHER

KEVIN PAUL SCHEIDERER #, VP-CHIEF TAX OFFC

DIRECTORS OR TRUSTEES

MARK ALLEN BERVEN OSCAR GUERRERO RUSSELL MARK JOHNSTON
CASEY ELLEN KEMPTON # DAVID NEIL NELSONState of OHIO SS
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.

RUSSELL MARK JOHNSTON
PRESIDENT

DENISE LYNN SKINGLE
SVP & SECRETARY

KIMBERLY ELLEN LACKER
VP & TREASURER

Subscribed and sworn to before me this
4th day of FEBRUARY 2025

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

Yes [] No []

Ryan James Lamb
Notary Public, State of Ohio
Commission #: 2024-RE-883431
My Commission Expires 10-30-29



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Alabama	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire								27		19		(19)	1
2.1 Allied Lines	147	5,844			92			(1,770)		2,267		(278)	94
2.2 Multiple Peril Crop													40
2.3 Federal Flood													8
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)								60		149		(3)	1
5.2 Commercial Multiple Peril (Liability Portion)										(2,452)		(2,452)	
6. Mortgage Guaranty								35		(1)			
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake								5		1		(1)	
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	3,412	1,848			1,564			9,153		19,370		.893	4,338
17.2 Other Liability - Claims-Made	3,381,233	3,604,184			1,574,019			817,436		198,192		.525,094	387,066
17.3 Excess Workers' Compensation										1,575,870			1,287,824
18.1 Products Liability - Occurrence													954,672
18.2 Products Liability - Claims-Made													107,985
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability								30,000		(15,687)		10,227	5,671
21.1 Private Passenger Auto Physical Damage													3,433
21.2 Commercial Auto Physical Damage										(44)		(2)	(25)
22. Aircraft (all perils)													160
23. Fidelity													
24. Surety													
26. Burglary and Theft								24		52		(1)	
27. Boiler and Machinery .....										.574		.576	(1)
28. Credit													1
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	3,384,792	3,611,877			1,575,675			847,436		190,570		1,608,530	529,206
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Alaska	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence									5				
17.2 Other Liability - Claims-Made									(1,480)	2,693			
17.3 Excess Workers' Compensation											(723)	1,607	
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)									(1,477)	2,700			
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Arizona	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	1,076,731	1,114,648		476,630	709,364	648,239	286,245	(83,182)	(92,179)	36,721	268,771	(6,999)	
2.1 Allied Lines	2,425,557	2,276,759		1,172,008	142,694	4,268,955	4,574,678	22,058	58,826	86,799	621,548	1	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4. Private Crop													
2.5 Private Flood													
3. Farmers Multiple Peril	11,161	9,408		6,392		(204)	1,561		70	233	2,790		
4. Homeowners Multiple Peril	1,434,381	1,331,038		744,223	170,725	108,697	462,830	65,001	120,080	88,265	359,803	1	
5.1 Commercial Multiple Peril (Non-Liability Portion)	4,103,349	4,017,417		2,036,132	2,245,806	2,064,879	1,853,023	8,875	46,933	164,943	924,522	3	
5.2 Commercial Multiple Peril (Liability Portion)	3,469,771	3,388,929		1,441,011	555,061	1,903,963	5,157,246	300,289	455,899	1,282,027	791,871	3	
6. Mortgage Guaranty													
8. Ocean Marine	(6,138)	104,755		1,014		(17,614)	18,730		(330)	1,256	(1,659)		
9.1 Inland Marine	785,697	1,279,626		306,305		(9,603)	855,547		4,770	43,101	206,330		
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake	324	587		45		14	64		4	6	86		
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	18,845,844	17,367,864		11,305,586	2,911,158	7,528,571	19,258,904	636,430	2,616,708	4,979,750	4,127,662	13	
17.2 Other Liability - Claims-Made	8,216,278	8,443,808		6,564,714	610,000	2,910,875	6,919,082	97,778	125,036	1,227,852	1,934,737	(6)	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	1,838,458	647,648		1,254,933	50,995	911,174	2,956,126	248,475	296,889	1,739,421	326,234	1	
18.2 Products Liability - Claims-Made	321,099	262,991		140,769		263	263		48	48	98,439		
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability	741,109	624,993		352,315		12,589	1,734,519	163,822	139,565	153,968	141,210		
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage	1,500	2,658		688		1,172	(790)		(2,181)	6,192	330		
22. Aircraft (all perils)													
23. Fidelity													
24. Surety	1,451	3,184		235	5,435	5,773	739		551	848	435		
26. Burglary and Theft													
27. Boiler and Machinery	74,228	69,091		31,443	4,571	6,178	5,886	740	4	2,197	19,633		
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	43,340,800	40,946,392		25,841,549	7,405,809	20,343,931	44,084,663	1,460,286	3,770,692	9,813,627	9,822,743	(6,984)	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ (15)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Arkansas	DURING THE YEAR 2024							NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire							135	482	.....(11)			
2.1 Allied Lines		1,691								8		(11)
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)							9	33				
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland Marine	336	336		14			(13)	9		(3)	1	84
9.2 Pet Insurance Plans												8
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1 Vision Only (b)												
15.2 Dental Only (b)												
15.3 Disability Income (b)												
15.4 Medicare Supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-Term Care (b)												
15.8 Federal Employees Health Benefits Plan (b)												
15.9 Other Health (b)												
16. Workers' Compensation												
17.1 Other Liability - Occurrence							2,264	5,686	.....(461)	160		
17.2 Other Liability - Claims-Made	1,245,704	1,239,278		547,454			51,817	403,059	4,860	313,091	564,812	231,776
17.3 Excess Workers' Compensation							(5,580)	837		(5,798)	377	33,592
18.1 Products Liability - Occurrence												
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability												
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	44,611	55,121		1,978			3,764	37,493		(10,587)	13,094	11,153
21.1 Private Passenger Auto Physical Damage												4,452
21.2 Commercial Auto Physical Damage	21,410	24,724		902			5,371	(801)	(1,002)		(426)	578
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and Theft	3,261	2,310		951			126	126		52	52	.978
27. Boiler and Machinery .....												.91
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. Total (a)	1,315,322	1,323,459		551,299			5,371	51,721	446,724	4,860	295,856	579,081
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	California	DURING THE YEAR 2024									NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned												
1. Fire	987,339	297,905		842,597	63,736	78,201	2,212,638	8,722	3,675	23,265	130,186	22,452		
2.1 Allied Lines	299,916	383,684		183,799	172,707	(565,878)	1,380,939	18,834	8,486	95,919	65,899	7,220		
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood		107												
3. Farmersowners Multiple Peril	4,344	1,253		3,489	143	50	92	6	19	13		102		
4. Homeowners Multiple Peril														
5.1 Commercial Multiple Peril (Non-Liability Portion)	203,951	641,255		88,798	494,886	(1,467,831)	16,283,480	(722)	(59,761)	75,832	76,837	4,853		
5.2 Commercial Multiple Peril (Liability Portion)	49,525	663,272		3,874	4,833,876	2,655,289	9,265,869	21,448	(658,769)	1,424,544	2,336	1,172		
6. Mortgage Guaranty														
8. Ocean Marine		3,052												
9.1 Inland Marine	16,591	248,962		2,552	274,810	(549)	551	110,007	67,026	29,225	29,644	4,503	1,283	
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence	936,046	1,610,987		312,795	9,575,474	1,770,993	21,809,870	784,833	(456,616)	3,015,977	189,434	22,024		
17.2 Other Liability - Claims-Made	20,342,095	22,054,040		8,101,894	7,083,242	7,147,500	15,742,940	3,475,218	1,453,757	10,794,238	6,016,769	508,637		
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence	701,758	655,103		225,753	240,000	474,839	1,706,896	212,306	456,773	423,205	124,399	16,497		
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)														
19.4 Other Commercial Auto Liability	336,926	2,422,095		497,770	21,763,287	2,675,358	23,041,938	1,931,685	1,012,434	2,868,280	152,664	83,897		
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage	66,918	675,386		82,875	1,040,423	307,786	35,026	93,697	(114,802)	364,450	30,105	(2,836)		
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft	2,972	3,347		1,260	(1,690)	(1,605)	169		(7)	5	.713	.71		
27. Boiler and Machinery	40,911	64,912		18,665		2,799	4,956	(170)		112	10,351	.983		
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)	23,989,291	29,725,360		10,366,122	45,540,894	13,356,871	91,621,312	6,613,052	1,673,999	19,116,571	6,804,197	666,354		
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$ 490

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Colorado	DURING THE YEAR 2024									NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees		
	1 Direct Premiums Written	2 Direct Premiums Earned												
1. Fire						40	25				(11)	2		
2.1 Allied Lines	18,854	6,199		16,683		393	1,416				(97)	41	5,185	
2.2 Multiple Peril Crop													384	
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood														
3. Farmersowners Multiple Peril														
4. Homeowners Multiple Peril														
5.1 Commercial Multiple Peril (Non-Liability Portion)		13				(211)	100				(2)	3		
5.2 Commercial Multiple Peril (Liability Portion)						183	1,191	2,738	(22,358)		283			
6. Mortgage Guaranty						6								
8. Ocean Marine														
9.1 Inland Marine														
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence	7,482	14,388		2,971		34,525	69,826				4,990	19,354	1,965	
17.2 Other Liability - Claims-Made	5,340,053	5,856,742		2,443,403	1,978,179	3,297,468	5,600,663	1,489,637	236,717		1,976,373	1,595,876	111,679	
17.3 Excess Workers' Compensation						94	174				12	63		
18.1 Products Liability - Occurrence														
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)														
19.4 Other Commercial Auto Liability						(32,289)	17,534				(5,204)	4,799		
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage	(561)	1,010			7,851	4,166	(1,172)				(644)	3,515	(112)	
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft						(377)	199				(94)	79		
27. Boiler and Machinery						18	18							
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)	5,365,828	5,878,351			2,463,058	1,986,030	3,304,015	5,689,975	1,492,374	213,311	2,004,511	1,602,914	112,273	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Connecticut	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	29,618	28,127			18,256		(1,454)	3,369		98	392	7,849	.483
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood	2,545	2,501			1,596		(468)	339		7	51	.674	.41
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake	319	313			.200		(62)	50		1	8	.85	5
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made	87,548	136,706			47,389		(262,534)	751,381		(114,120)	249,754	13,053	1,503
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	120,030	167,651			67,441		(264,573)	755,182		(114,085)	250,226	21,660	2,032
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Delaware	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire	68,229	111,123		34,973	71,031	35,762	(1,815)	43	(576)	936	15,879	(448)	
2.1 Allied Lines	303,728	310,150		126,836		(13,751)	36,770		(2,255)	5,119	5,119	71,142	347
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4. Private Crop													
2.5 Private Flood													
3. Farmers Multiple Peril	25,577	19,624		24,511		(323)	457		4	92	5,755		
4. Homeowners Multiple Peril	834,883	901,908		462,995	279,342	239,578	250,107	7,303	5,046	9,846	187,850	4,243	
5.1 Commercial Multiple Peril (Non-Liability Portion)	611,375	635,368		305,573	212,237	177,829	63,160	32,732	34,576	22,291	122,053	41	
5.2 Commercial Multiple Peril (Liability Portion)	595,564	642,097		243,662	268,579	64,864	842,818	46,664	(11,738)	282,434	118,858	26	
6. Mortgage Guaranty													
8. Ocean Marine	46,661	81,564		1,333		(2,236)	11,203		13		.770	13,918	19
9.1 Inland Marine	48,762	48,280		20,990		(6,435)	20,764		(1,883)	2,484	2,484	11,080	95
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake	7	7					23	(7)		(25)	19	2	
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	1,631,451	1,721,582		699,389	662,290	181,600	2,375,641	89,732	90,882	549,121	332,202	1,634	
17.2 Other Liability - Claims-Made	4,729,031	2,297,308		4,620,237	164,358	167,151	1,191,174	30,688	63,365	368,248	1,306,290	145	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	24,058	21,884		7,318		34,118	297,374		(16,200)	138,806	4,394	1	
18.2 Products Liability - Claims-Made	161,335	161,796		33,568							45,980		
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability	37,484	74,521		18,947		(3,985)	1,568		(804)	538		8,317	9
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety .....	.974	.719		.254		.121	.121		.22	.22	.22	.292	1
26. Burglary and Theft													
27. Boiler and Machinery	4,598	5,434		1,738		.124	.125		(1)				
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	9,123,717	7,033,368		6,602,325	1,657,837	805,415	5,253,293	207,162	149,519	1,395,487	2,244,933	6,113	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines			30					(34)	15		(9)	2	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)								6	16				
5.2 Commercial Multiple Peril (Liability Portion)								(13)	26		(5)	8	
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) Ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence		7,336	6,709					5,916	6,555		1,358	1,595	1,911
17.2 Other Liability - Claims-Made		1,753,751	1,898,636		3,335	827,992	804,420	267,743	2,349,028	997,041	886,154	1,372,166	525,753
17.3 Excess Workers' Compensation										2			34,449
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft								1	5				
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		1,761,087	1,905,375		831,327	804,420	273,619	2,355,647	997,041	887,497	1,373,770	527,665	34,600
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2024									NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees		
		1 Direct Premiums Written	2 Direct Premiums Earned												
1. Fire															
2.1 Allied Lines		133,231	153,137		48,775			492,060	567,971		39,592	43,213	.826	.613	
2.2 Multiple Peril Crop															
2.3 Federal Flood															
2.4 Private Crop															
2.5 Private Flood															
3. Farmowners Multiple Peril															
4. Homeowners Multiple Peril								5,636	5,636		.283	.283			
5.1 Commercial Multiple Peril (Non-Liability Portion)			8					(74)	15		(1)	6		3,139	
5.2 Commercial Multiple Peril (Liability Portion)								(6)	34	1,247	1,242	10			
6. Mortgage Guaranty															
8. Ocean Marine															
9.1 Inland Marine															
9.2 Pet Insurance Plans															
10. Financial Guaranty															
11.1 Medical Professional Liability - Occurrence															
11.2 Medical Professional Liability - Claims-Made															
12. Earthquake															
13.1 Comprehensive (hospital and medical) Ind (b)															
13.2 Comprehensive (hospital and medical) group (b)															
14. Credit A&H (Group and Individual)															
15.1 Vision Only (b)															
15.2 Dental Only (b)															
15.3 Disability Income (b)															
15.4 Medicare Supplement (b)															
15.5 Medicaid Title XIX (b)															
15.6 Medicare Title XVIII (b)															
15.7 Long-Term Care (b)															
15.8 Federal Employees Health Benefits Plan (b)															
15.9 Other Health (b)															
16. Workers' Compensation															
17.1 Other Liability - Occurrence		21,694	20,901					(922,856)	151,044		(25,611)	61,657	5,091	.290	
17.2 Other Liability - Claims-Made		16,835,684	18,646,669		6,654,846		4,322,730	4,948,747	10,944,069	2,623,893	1,302,329	7,792,406	5,043,675	162,367	
17.3 Excess Workers' Compensation															
18.1 Products Liability - Occurrence		1,471	939			1,103		(636)	3,083		(660)	1,327	.103	.16	
18.2 Products Liability - Claims-Made															
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)															
19.2 Other Private Passenger Auto Liability															
19.3 Commercial Auto No-Fault (Personal Injury Protection)		2,078	3,310			.269	6,185	(18,435)	14,628	20,946	8,089	4,296	.541	.68	
19.4 Other Commercial Auto Liability		81,729	141,252		13,931		368,752	(353,158)	286,958	1,301	(64,901)	89,473	20,741	.349	
21.1 Private Passenger Auto Physical Damage															
21.2 Commercial Auto Physical Damage		34,425	37,229			4,686	93,098	153,212	59,477			4,995	8,557	8,612	.614
22. Aircraft (all perils)															
23. Fidelity															
24. Surety															
26. Burglary and Theft															
27. Boiler and Machinery		6,658	6,608			2,497		23,212	26,326		1,882	2,016		.69	
28. Credit															
29. International															
30. Warranty															
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business															
35. Total (a)		17,116,970	19,010,054			6,733,023	4,790,765	4,327,662	12,059,247	2,647,386	1,267,219	8,003,247	5,079,588	167,389	
DETAILS OF WRITE-INS															
3401.															
3402.															
3403.															
3498. Summary of remaining write-ins for Line 34 from overflow page															
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)															

(a) Finance and service charges not included in Lines 1 to 35 \$ 40

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Georgia	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	3,200	11,139		5,340			(3,827)	3,936		(834)	.798	.960	.499
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)	(.80)	8,992				(2,940)	(196)		(214)	.433	(16)	(98)	
5.2 Commercial Multiple Peril (Liability Portion)	3,183	3,826	5,340		(3,088)	4,415			(671)	1,230	.957	.508	
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) Ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation .....													.200
17.1 Other Liability - Occurrence	28,960	32,847		24,152		12,808	21,142		2,148	5,634	7,375	1,967	
17.2 Other Liability - Claims-Made	6,768,938	7,347,738	2,901,401	1,688,805	1,151,763	4,245,046	613,595	(35,150)	3,397,124	(35,150)	1,997,379	327,073	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence		18,085		5,365	23,815	29,720	6,275	.229	3,878	3,774		(38)	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability		(23,919)	444,829		2,589,106	380,069	2,899,651	208,400	17,876	451,626	(10,846)	(3,792)	
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage		(5,690)	92,769		61,778	28,985	(19,091)	91,662	51,122	41,759	(1,754)	(471)	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft		8,466	6,058		4,742		(441)	1,346		(22)	.469	2,540	.264
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	6,782,970	8,004,835		2,946,539	4,464,469	1,698,847	7,162,051	914,222	31,865	3,907,900	1,996,561	326,263	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ (55)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Hawaii	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) Ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made	29,051	32,250		10,206		13,764	29,860			(76)	9,211		
17.3 Excess Workers' Compensation						(1,623)	13,431			(2,517)	7,480	8,715	
18.1 Products Liability - Occurrence						149	253			13	77		
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	29,051	32,250		10,206		12,165	43,602			(2,596)	16,774	8,715	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Idaho		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business			Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
			1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire														
2.1 Allied Lines			3,093	2,482		2,961		230	633		(3)	10	.851	.54
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood														
3. Farmersowners Multiple Peril														
4. Homeowners Multiple Peril														
5.1 Commercial Multiple Peril (Non-Liability Portion)														
5.2 Commercial Multiple Peril (Liability Portion)														
6. Mortgage Guaranty														
8. Ocean Marine														
9.1 Inland Marine														27
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence														
17.2 Other Liability - Claims-Made			829,248	991,508		371,310	325,935	566,802	901,505	127,469	(16,604)	458,169	248,533	14,111
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence														
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)														
19.4 Other Commercial Auto Liability														
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage														
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft														
27. Boiler and Machinery														
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)			832,327	1,002,996		374,271	338,378	541,158	918,104	127,469	(18,176)	462,552	249,381	14,290
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2024									NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire		1,107	18,056		1,023	(348)	(180)	5,404		(281)	172	304	(96)	
2.1 Allied Lines														
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4. Private Crop														
2.5 Private Flood														
3. Farmers Multiple Peril														
4. Homeowners Multiple Peril		1,298	34,277		331		2,017	2,017		109	109			
5.1 Commercial Multiple Peril (Non-Liability Portion)		1				13,859	20,492		357	891	227		(195)	
5.2 Commercial Multiple Peril (Liability Portion)						6	46		(4)	13			(2)	
6. Mortgage Guaranty														
8. Ocean Marine														
9.1 Inland Marine														
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence		11,574	12,727		103		6,291	73,954		(4,901)	18,520	2,539	62	
17.2 Other Liability - Claims-Made		7,634,547	8,368,731		3,283,517	1,668,544	1,407,598	5,144,773	1,336,359	527,185	4,155,936	2,273,212	93,141	
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence						66,084	62,000	1,293		(228)	531		(1)	
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)														
19.4 Other Commercial Auto Liability		5,395	72,494		328,419	(90,250)	218,769	20,125	1,791	50,954	1,270		4,626	
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage		(1,900)	8,603				(118)	(521)	(96)	(217)	1,287		(285)	
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft			1,519				(2,121)	1,514		(518)	612		(8)	
27. Boiler and Machinery							144	144		(2)	1			
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)		7,652,022	8,516,408		3,284,974	2,062,700	1,399,472	5,467,875	1,356,388	523,238	4,229,082	2,277,269	97,456	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines			12,242					588	3,548		(117)	73	
2.2 Multiple Peril Crop													(18)
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)	678		750					(417)	73		(22)	58	119
5.2 Commercial Multiple Peril (Liability Portion)			60					(496)	716		(154)	165	(1)
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans			(547)		20,467			(600)	7,768		(336)		
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence			(124)		48				(7,775)	27,532		(7,414)	9,875
17.2 Other Liability - Claims-Made			2,667,436		2,834,896			1,148,463	743,333	553,965		1372,267	172,347
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability			(1,740)		94,553				778,429	249,617		813,615	44,471
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage			(5,009)		19,078				3,914	(3,492)		(977)	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft			4,240		2,377				47	126		32	50
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX		XXX		XXX		XXX		XXX		XXX	
32. Reins nonproportional assumed liability		XXX		XXX		XXX		XXX		XXX		XXX	
33. Reins nonproportional assumed financial lines		XXX		XXX		XXX		XXX		XXX		XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		2,664,934		2,984,469				1,150,464	1,525,077	800,130		2,216,872	216,818
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ (10)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Iowa	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	1,427	1,090			1,368		46	303		(9)	6	392	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)							(529)	(169)		(52)	71		
5.2 Commercial Multiple Peril (Liability Portion)							(281)	380		(73)	120		
6. Mortgage Guaranty													
8. Ocean Marine							5,204	(72)					
9.1 Inland Marine		2,116								(2,104)	653	(12)	
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence		578					(573)	1,725		(847)	413	(1)	
17.2 Other Liability - Claims-Made	1,850,333	1,793,300		662,004	257,635	322,554	1,103,647	3,016,296	345,080	1,324,550	496,786	26,086	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability	135,751	813,548			1,599,488	346,411	1,031,888	38,857	(22,517)	140,337	16,571	.482	
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage	2,136	8,585			9,739	7,458	(896)			(1,133)	6,821	.427	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft							(62)	16		(53)	26		
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	1,989,647	2,619,218		663,372	1,866,862	680,229	2,136,822	3,055,153	318,292	1,472,998	514,176	27,443	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines		5,422	1,897		5,196		117	467		(90)	66	1,491	111
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)							(662)	(37)		(43)	42		
5.2 Commercial Multiple Peril (Liability Portion)							(483)	482		(94)	129		
6. Mortgage Guaranty													
8. Ocean Marine							128	(11)					
9.1 Inland Marine										(102)	76		
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence							(3,464)	8,117		(2,196)	2,414		
17.2 Other Liability - Claims-Made		1,639,154	1,635,899		610,995	223,187	261,861	1,215,355	32,469	(459,816)	698,007	470,581	33,026
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)		(.36)	71				(114)	170		(15)	41	(5)	7
19.4 Other Commercial Auto Liability		(1,827)	3,651				(34,122)	32,183		(4,500)	7,330	(244)	337
21.1 Private Passenger Auto Physical Damage						(30)	(147)	(614)		(61)	1,471	(266)	370
21.2 Commercial Auto Physical Damage			(1,906)	4,061									
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft							3	8					
27. Boiler and Machinery							250	252		(23)	7		
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		1,641,007	1,645,578		616,191	223,157	223,367	1,256,372	32,469	(466,940)	709,582	471,537	33,851
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Kentucky	DURING THE YEAR 2024								NAIC Company Code	15580	
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees		
	1 Direct Premiums Written	2 Direct Premiums Earned												
1. Fire														
2.1 Allied Lines	10,371	10,285			6,482		719	2,033		(65)	41	2,852	.993	
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood														
3. Farmowners Multiple Peril														
4. Homeowners Multiple Peril														
5.1 Commercial Multiple Peril (Non-Liability Portion)							12	23		(1)				
5.2 Commercial Multiple Peril (Liability Portion)							(1)	1						
6. Mortgage Guaranty														
8. Ocean Marine							1							
9.1 Inland Marine														
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake							13	1		(6)	1			
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence														
17.2 Other Liability - Claims-Made	1,563,956	1,663,477		672,495	98,500	(1,829)	8,385		(2,803)	.727				
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence							(2)	2		(1)	2			
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)	11	.268				(10,000)	(11,140)	1,055		(190)	.285	(13)	.50	
19.4 Other Commercial Auto Liability463	20,429					(32,727)	56,851		7,860	17,079	27,807	(1,166)	3,707
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage465	11,873					(1,008)	(1,643)		1	2,309	(648)	5,054	
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft							28	28						
27. Boiler and Machinery							447	447		(2)				
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)	1,575,266	1,706,332			678,977	88,500	(121,331)	1,249,756	234,243	252,277	742,014	460,445	54,305	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Louisiana	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	30,227	18,132			18,892		3,972	6,395		(113)	96	8,312	.739
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine		5,724					(2,277)	(136)		(137)	6		(1,119)
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made							(1)						
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	6,142	3,327			2,815		1,080	1,082		322	325	1,597	.226
17.2 Other Liability - Claims-Made	463,089	464,327			88,491		.969	567,134		(67,434)	278,724	99,609	3,695
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence							(13)	16		(9)	10		
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage								375	420		30	43	
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	499,458	491,510			110,198		4,106	574,911		(67,341)	279,204	109,518	3,542
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Maine	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	150	174		81			(34)	62		(9)	21	45	3
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)	150	150		81			(35)	193		(25)	56	45	3
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) Ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	473,297	524,761		212,154	24,269		(28)	303		(246)	(155)		
17.2 Other Liability - Claims-Made							(11,617)	208,629	90,174	(64,807)	737,186	141,989	9,580
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	473,597	525,084		212,317	24,269		(15,037)	212,318	90,174	(66,110)	738,445	142,079	9,586
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Maryland	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines		5,048						54	1,690		(65)	61	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)								20	50		(1)		
5.2 Commercial Multiple Peril (Liability Portion)								(238)	727		(116)	242	
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	161,018	135,218						37,776	222,116		(6,188)	11,118	28,434
17.2 Other Liability - Claims-Made	4,337,328	5,102,912						1,501,438	1,243,636	739,134	2,675,562	304,457	(579,650)
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence										58	27		
18.2 Products Liability - Claims-Made											6		33
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)	(308)	2,947								884	1,504		
19.4 Other Commercial Auto Liability	27,424	48,338								2,324	8,117	30,944	
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage	13,327	17,425								562	(72)	(675)	(1,098)
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft	2,924	2,924								1,242	(1,231)	1,260	(257)
27. Boiler and Machinery											42	42	
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	4,541,713	5,314,812						1,605,710	1,243,564	783,939	2,932,822	304,457	(590,644)
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 45

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Massachusetts	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines		6,898					2,047	2,047		39	39		
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)						1	1						
5.2 Commercial Multiple Peril (Liability Portion)						241	241		65	65			
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	29,659	31,271			2,592		84,084	84,084		27,140	27,140	6,715	.676
17.2 Other Liability - Claims-Made	431,827	151,422			350,005		298,876	298,876		233,424	233,424	76,867	9,781
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	6,332	6,149			.264		10,462	10,462		4,709	4,709	1,393	.144
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	467,818	195,740			352,861		395,712	395,712		265,376	265,376	84,975	10,602
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Michigan	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire						25	16					1	
2.1 Allied Lines		13,869				(220)	3,990					.66	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)						(3,202)	14					.27	
5.2 Commercial Multiple Peril (Liability Portion)						(434)	2,994					.782	
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine						539	9					.369	
9.2 Pet Insurance Plans													2
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) Ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence						(1,367)	4,482					.741	
17.2 Other Liability - Claims-Made	4,269,655	4,592,093				372,449	460,367	2,559,400	1,157,710	162,166		2,052,541	1,264,986
17.3 Excess Workers' Compensation													58,049
18.1 Products Liability - Occurrence							(12)	(12)				12	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....	.716	.507				.209	(6,195)	5,980				.957	.1573
19.4 Other Commercial Auto Liability	2,390	3,147				.697	(57,298)	38,215				(9,148)	.12,785
21.1 Private Passenger Auto Physical Damage .....													.621
21.2 Commercial Auto Physical Damage .....													.1,633
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft		2,750	2,750			1,490	(661)	1,024				(128)	.367
27. Boiler and Machinery							38	38					.825
28. Credit .....													.38
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	4,276,696	4,613,341				1,837,089	372,449	391,930	2,615,977	1,157,710	149,374	2,072,446	1,266,927
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire								7		5			
2.1 Allied Lines		(200)	3,514					(147)		1,216		(110)	92
2.2 Multiple Peril Crop													(60)
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril								2,017		2,017		109	109
5.1 Commercial Multiple Peril (Non-Liability Portion)	32	38						34		232		2	6
5.2 Commercial Multiple Peril (Liability Portion)		(200)	(86)					11		39		(2)	12
6. Mortgage Guaranty													(60)
8. Ocean Marine													
9.1 Inland Marine								357		(2)			
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	30,229	48,195						21,873		23,314		730	849
17.2 Other Liability - Claims-Made	6,097,868	6,755,977						2,308,418		1,841,005		4,806,767	764,036
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence									1	3			1
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)		194							(1,135)	1,044		(150)	321
19.4 Other Commercial Auto Liability		7,651							(29,106)	(61,326)		24,608	6,032
21.1 Private Passenger Auto Physical Damage									32,077	31,841		57	(282)
21.2 Commercial Auto Physical Damage													558
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft									(712)	328		(250)	170
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	6,127,729	6,816,405						2,350,409	2,105,174	1,833,825	4,859,628	764,036	525,531
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Mississippi	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines		3,081											
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made	947,487	1,009,531											
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft		500											
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	947,487	1,009,531											
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Missouri	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines			6,689					57	2,011		(102)	45	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)								(474)	48		(6)	7	
5.2 Commercial Multiple Peril (Liability Portion)								(144)	750,452		(33,176)	48,056	
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine			(387)		441			609	(15)		(306)	195	(77)
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake								6			(2)	1	
13.1 Comprehensive (hospital and medical) Ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence		3,810	4,873					223	10,503		(1,822)	2,406	1,075
17.2 Other Liability - Claims-Made		2,828,726	3,160,703					270,000	(156,921)	1,776,200	700,515	721,693	831,396
17.3 Excess Workers' Compensation													56,575
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability		1,381	19,983					2,533	13,565	(20,050)	100,364	(9,324)	15,986
21.1 Private Passenger Auto Physical Damage								280	11,935	13,665	264		628
21.2 Commercial Auto Physical Damage			(2,106)		11,987							(211)	4,067
22. Aircraft (all perils)													(367)
23. Fidelity													
24. Surety													
26. Burglary and Theft									9	14		(1)	
27. Boiler and Machinery									109	109		(1)	
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		2,831,424	3,204,676					1,042,855	295,500	(162,911)	2,639,949	700,515	676,743
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 10

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Montana	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines		1,172						15	371			24	
2.2 Multiple Peril Crop													(12)
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)		67	158					25	1			45	(10)
6. Mortgage Guaranty								6	172				11
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made		931,225	938,126					70	314			48	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	931,158	939,456			373,497	416,607	314,912	435,469	220,029	23,830	535,810	276,608	27,053
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Nebraska	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	2,706	113			2,593			6	6		(1)	2	.744
2.2 Multiple Peril Crop .....													.41
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)								(244)			(12)	9	
5.2 Commercial Multiple Peril (Liability Portion)								(76)	68		(14)	18	
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence								(1,735)	12,776		(2,383)	1,834	
17.2 Other Liability - Claims-Made	883,764	909,463			334,114			(121,609)	549,786	56,170	(117,853)	269,811	264,895
17.3 Excess Workers' Compensation										5			12,647
18.1 Products Liability - Occurrence											(3)	1	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability		15						(52,454)	32,710		(11,618)	11,951	(8)
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage		66						(736)	1,731		(418)	.880	(7)
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	886,470	909,656			336,708			(176,729)	597,077	56,170	(132,598)	284,546	265,640
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		4,986	11,549		3,173			(953)	3,679		(307)	.457	1,466
2.1 Allied Lines .....													.138
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)		3,804	3,341		2,061			(58)	20		(10)	.14	
5.2 Commercial Multiple Peril (Liability Portion)								(63)	1,438		(59)	.221	1,141
6. Mortgage Guaranty								35					.128
8. Ocean Marine													
9.1 Inland Marine											(101)		.63
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence								(3,055)	4,647		(696)	.1,178	
17.2 Other Liability - Claims-Made		3,385,895	3,364,348		1,376,413	1,140,114		620,940	1,801,529	1,655,483	700,522	.1,759,762	1,013,551
17.3 Excess Workers' Compensation								3	12		(2)	4	
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability		9,044	74,873		1,571	113,483	(104,038)		235,881		(17,563)	.34,848	.1,966
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage		2,031	17,762		.748	28,428		26,826	(2,974)	30,512	13,415	.7,525	.478
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft								(169)	.79		(65)	40	
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		3,405,760	3,471,874		1,383,965	1,282,025		539,468	2,044,310	1,685,995	695,134	1,804,114	1,018,603
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines			185										1,144
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made		2,866	836			2,030			22	22		7	7
17.3 Excess Workers' Compensation									32,277	32,277		4,383	4,383
18.1 Products Liability - Occurrence													43
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		2,866	1,021			2,030			32,385	32,385		4,400	4,400
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	New Jersey	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	33,349	19,396		19,912			2,649	2,649		89	89	9,048	.700
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood	304	152		172			15	15		1	1	.81	.6
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans		1,167											
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake	29	35		18			5	5		1	1	.8	.1
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	91,093	88,311		25,642		(799,527)	91,869			27,298	27,298	22,096	1,913
17.2 Other Liability - Claims-Made	95,821	87,532		10,516		27,981	27,981			19,836	19,836	28,709	2,105
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence							1	1		1	1		
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)	54	38		16		10	10	10		2	2	14	1
19.4 Other Commercial Auto Liability	431,505	162,198		269,307		37,857	37,857			1,287	1,287	75,611	.9,062
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage .....	.525	.372		.153		2	2	2		5	5	.137	.11
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft	2,332	2,332					75	75		50	50	.700	.57
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	655,012	361,532		325,736		(730,932)	160,465			48,580	48,580	136,403	13,855
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2024							NAIC Company Code	15580		
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire														
2.1 Allied Lines														
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood														
3. Farmersowners Multiple Peril														
4. Homeowners Multiple Peril														
5.1 Commercial Multiple Peril (Non-Liability Portion)														
5.2 Commercial Multiple Peril (Liability Portion)														
6. Mortgage Guaranty														
8. Ocean Marine														
9.1 Inland Marine														
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence														
17.2 Other Liability - Claims-Made		1,050,670	1,064,987			525,069	650,000	(5,711)	8,889		(1,757)	1,610		
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence														
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)														
19.4 Other Commercial Auto Liability														
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage														
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft														
27. Boiler and Machinery														
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)		1,050,670	1,064,987			525,069	650,000	619,126	747,206	282,379	145,167	351,760	315,201	31,552
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF New York		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	4,039		3,910		1,335	.224	(140)	.562	.57	.97	.101	1,129	.93
2.1 Allied Lines	239,086		226,991		93,997	(19,483)	(120,686)	28,862	9,681	1,284	3,524	63,224	5,358
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood	12,891		12,628		4,674		(1,276)	1,619		.49	.213	3,377	.288
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril	24,271		39,187		6,126		5,636	5,636		.283	.283		.763
5.1 Commercial Multiple Peril (Non-Liability Portion)							(11,131)		.558	.259	.1,234	4,939	
5.2 Commercial Multiple Peril (Liability Portion)							(216)	127,665	1,129	(216)	7,087		
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine	3,509,819		3,620,283		1,086,834	202,296	892,040	1,023,634	13,953	17,641	38,524	903,985	81,112
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake	35,360		39,637		14,339		(3,278)	5,989		.245	.751	9,365	.830
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	5,972,750		3,214,206		3,357,669	29,799,063	(593,170)	50,981,720	1,081,122	(331,625)	2,197,591	917,821	.394,091
17.2 Other Liability - Claims-Made	324,497		365,298		141,459	45,781	198,013	1,981,889	228,402	(513,278)	1,309,891	80,215	.7,804
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	1,458		1,821		.186	8,116	141,738	.247,219	40,250	.335,441	408,834	.118	.39
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)	2		2			(315)	(353)	.161	2	.22	.17		
19.4 Other Commercial Auto Liability	179,424		95,648		83,776	.911	13,242	36,267	2,038	(1,939)	1,839	19,609	.9,089
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery	43,269		48,060		16,241		.629	1,638	3,388	3,374	22	11,466	.791
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	10,346,866		7,667,672		4,808,637	30,044,116	528,473	54,448,412	1,380,021	(488,467)	3,969,933	2,015,247	500,258
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2024									NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees		
		1 Direct Premiums Written	2 Direct Premiums Earned												
1. Fire															
2.1 Allied Lines		43	7,297					140	2,160		(86)	44	12	(86)	
2.2 Multiple Peril Crop															
2.3 Federal Flood															
2.4 Private Crop															
2.5 Private Flood															
3. Farmersowners Multiple Peril															
4. Homeowners Multiple Peril															
5.1 Commercial Multiple Peril (Non-Liability Portion)								31	76		(2)				
5.2 Commercial Multiple Peril (Liability Portion)								3	11		(2)	3			
6. Mortgage Guaranty															
8. Ocean Marine								15							
9.1 Inland Marine															
9.2 Pet Insurance Plans															
10. Financial Guaranty															
11.1 Medical Professional Liability - Occurrence															
11.2 Medical Professional Liability - Claims-Made															
12. Earthquake															
13.1 Comprehensive (hospital and medical) ind (b)															
13.2 Comprehensive (hospital and medical) group (b)															
14. Credit A&H (Group and Individual)															
15.1 Vision Only (b)															
15.2 Dental Only (b)															
15.3 Disability Income (b)															
15.4 Medicare Supplement (b)															
15.5 Medicaid Title XIX (b)															
15.6 Medicare Title XVIII (b)															
15.7 Long-Term Care (b)															
15.8 Federal Employees Health Benefits Plan (b)															
15.9 Other Health (b)															
16. Workers' Compensation															
17.1 Other Liability - Occurrence		60,052	38,923					3,189	308,215		165	(6,724)	29,169	4,690	
17.2 Other Liability - Claims-Made		4,291,827	4,654,982					279,826	4,897		2,101,409	112,636	(290,328)	1,401,675	
17.3 Excess Workers' Compensation															
18.1 Products Liability - Occurrence		59,659	38,810					44,744			5,109	37,162		(656)	
18.2 Products Liability - Claims-Made															
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)															
19.2 Other Private Passenger Auto Liability															
19.3 Commercial Auto No-Fault (Personal Injury Protection)															
19.4 Other Commercial Auto Liability															
21.1 Private Passenger Auto Physical Damage															
21.2 Commercial Auto Physical Damage			477					(38,967)	(38,920)		(330)	44	(475)	952	
22. Aircraft (all perils)															
23. Fidelity															
24. Surety															
26. Burglary and Theft		8,240	6,625					4,323			473	2,198		145	
27. Boiler and Machinery											32	32			
28. Credit															
29. International															
30. Warranty															
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business															
35. Total (a)		4,419,821	4,747,113					1,796,883	240,859	(43,255)		2,462,895	112,845	(301,252)	1,450,980
DETAILS OF WRITE-INS															
3401.															
3402.															
3403.															
3498. Summary of remaining write-ins for Line 34 from overflow page															
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)															

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	North Dakota	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines		99						(22)	39		(3)	1	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)								1	6				
5.2 Commercial Multiple Peril (Liability Portion)								6				2	
6. Mortgage Guaranty													
8. Ocean Marine								3					
9.1 Inland Marine											(1)		
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made	667,421	687,050		248,425	30,272	(82,769)	270,520		(49,243)	160,765	200,226	12,045	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)									9	(1)	2		
19.4 Other Commercial Auto Liability								(17)	354	(53)	81		
21.1 Private Passenger Auto Physical Damage								(3)					
21.2 Commercial Auto Physical Damage										(2)	11		
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	667,421	687,148		248,425	30,272	(82,806)	270,934		(49,303)	160,862	200,226	12,045	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		6,395	15,669		4,231			445	4,084		(167)	121	1,754
2.1 Allied Lines													76
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood			16					(9)	3			1	
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)		(200)	(108)		109			(227)	6		(17)	18	
5.2 Commercial Multiple Peril (Liability Portion)								(84)	443		(47)	92	(60)
6. Mortgage Guaranty													
8. Ocean Marine								347	(115)				
9.1 Inland Marine		2	4,338								(392)	380	(16)
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake			16					(7)	3			1	
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence		15,640	20,145		6,723			6,791	364,811	6,609	(9,250)	167,122	3,410
17.2 Other Liability - Claims-Made		5,119,092	5,524,908		1,961,536	592,471		491,947	4,002,643	315,338	(297,115)	2,201,762	1,511,326
17.3 Excess Workers' Compensation													70,627
18.1 Products Liability - Occurrence								(20)	12		5	5	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)		(225)	18,009					(69,846)	71,792		(7,930)	18,365	(45)
19.4 Other Commercial Auto Liability													(1,318)
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage		(9)	7,178					(524)	(1,281)		(195)	1,964	(2)
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft		1,000	1,000		458			(72)	305		1	99	300
27. Boiler and Machinery									218	218			14
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		5,141,695	5,591,170		1,973,058	592,471		428,958	4,442,926	321,947	(315,108)	2,389,927	1,516,683
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Oklahoma	DURING THE YEAR 2024									NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid		11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned												
1. Fire														
2.1 Allied Lines		4,511						1,275	1,275		20	20		(2,368)
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood														
3. Farmersowners Multiple Peril														
4. Homeowners Multiple Peril														(19)
5.1 Commercial Multiple Peril (Non-Liability Portion)		3						5	5		2	2		
5.2 Commercial Multiple Peril (Liability Portion)								13	13		4	4		
6. Mortgage Guaranty														
8. Ocean Marine														
9.1 Inland Marine														
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence														
17.2 Other Liability - Claims-Made								5,450	5,450		1,462	1,462		3,420
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence														
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)														
19.4 Other Commercial Auto Liability		6,807	5,747		2,026		1,227	1,227		418	418	1,716	.422	
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage		3,686	2,912		1,089		(25)	(25)			12	12	.926	.270
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft								144	144		58	58		
27. Boiler and Machinery														
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)	10,493	13,173			3,114		8,090	8,090		1,978	1,978	2,642	1,724	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Oregon	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	220	4,808											
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmers Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)	219	219											
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) Ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made	2,827,774	3,032,116											
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)	83	646											
19.4 Other Commercial Auto Liability	7,601	61,958											
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	2,836,528	3,104,318			1,199,452	1,798,050	933,655	1,616,955	468,624	(477,120)	1,083,966	848,331	38,245
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2024							NAIC Company Code	15580		
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire		731	15,132		459		931	4,256		(108)	78	.201	.765	
2.1 Allied Lines														
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4. Private Crop														
2.5 Private Flood														
3. Farmers Multiple Peril														
4. Homeowners Multiple Peril														
5.1 Commercial Multiple Peril (Non-Liability Portion)			47											
5.2 Commercial Multiple Peril (Liability Portion)														
6. Mortgage Guaranty														
8. Ocean Marine														
9.1 Inland Marine			23											
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake			3											
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence		6,014	20,463		248		19,929	58,019		(2,055)	16,429	1,495	.123	
17.2 Other Liability - Claims-Made		8,253,099	8,673,557		3,238,601		2,853,438	2,732,949		5,349,417	1,092,260	485,376	3,962,128	2,392,150
17.3 Excess Workers' Compensation													169,376	
18.1 Products Liability - Occurrence			5,335				8,804	(7,919)		74,377	5,418	(96,851)	44,034	
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)			85					(208)		299		(8)	.77	
19.4 Other Commercial Auto Liability			1,059					(3,423)		5,822		(183)	1,529	.219
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage			503					(147)		107		(15)	.133	.51
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft								(3,284)		1,270		(710)	.578	
27. Boiler and Machinery														
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)		8,259,844	8,716,205		3,239,308		2,862,243	2,744,702		5,499,485	1,097,678	385,706	4,025,298	2,394,121
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Rhode Island	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made	722,192	786,673		307,694	182,921	(4)	3		(1)	1			
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)	(801)	5,118				(14,283)	10,601		(1,417)	3,020			
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage						109	(204)			(59)	572		
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	721,391	791,791		307,694	182,921	91,805	427,256	23,471	(92,659)	242,111	216,044	14,866	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	South Carolina	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines	2,950	3,877			2,827		133	1,095		(43)	19	.811	.31
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	1	.191											
17.2 Other Liability - Claims-Made	1,857,328	1,989,320			730,491	213,096	49,542	1,189,128	190,128	(66,652)	704,341	.553,431	.57,540
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	27	27											
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													2
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	1,860,306	2,018,244			733,318	1,290,800	(155,076)	1,275,844	207,110	(177,923)	744,227	554,248	57,083
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	South Dakota	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made	455,264	470,851			194,166	15,000	20,441	(825)	4,380	14,188	(1,278)	613	
17.3 Excess Workers' Compensation									241,278		(50,112)	134,085	
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	455,264	470,851			194,166	15,000	19,514	245,859	14,188	(51,401)	134,725	136,136	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire								(76)	85		(19)	24	
2.1 Allied Lines .....	.988		7,182					183	2,249		(98)	93	.272
2.2 Multiple Peril Crop													(3)
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)								19	45		(2)	1	
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake								6	(1)		(4)	2	
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	52,224		23,936					4,636	8,845		396	3,463	13,578
17.2 Other Liability - Claims-Made	4,023,780		4,426,251					1,680,305	318,052	406,183	2,867,495	365,531	84,620
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence										1	3	(1)	1
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability			3,680							(48,861)	231,097	1,132	1,957
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage			3,820							(137)	(783)	(80)	1,646
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft	3,528		6,413							(58)	1,959	44	.625
27. Boiler and Machinery										138	138	(2)	1
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX		XXX							XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX		XXX							XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX		XXX							XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	4,080,520		4,471,282					1,710,275	318,052	362,034	3,111,133	366,662	86,811
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2024									NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire		52,899	68,295		45,020		(18,316)	25,700		(2,404)	1,648	14,547	(106)	
2.1 Allied Lines														
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood														
3. Farmersowners Multiple Peril														
4. Homeowners Multiple Peril		463	520				2,017	2,017		109	109			
5.1 Commercial Multiple Peril (Non-Liability Portion)		1,418	1,418				11	552		(1)	12	81	7,514	23
5.2 Commercial Multiple Peril (Liability Portion)							106	799		(64)	205	425		
6. Mortgage Guaranty														
8. Ocean Marine														
9.1 Inland Marine														
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) Ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation		113,603	77,793		70,582	18,206	(3,218)	64,417	17	(1,128)	1,323			
17.1 Other Liability - Occurrence		14,570,204	15,823,181		6,264,525	530,000	416,604	221,663	36,403	2,853	33,403	16,488	1,431	109,804
17.2 Other Liability - Claims-Made							4,464,686	5,500,538	24,311,172	5,065,861	2,252,124	8,682,121	4,169,311	
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence		3,474	21,855		5,836		4,070	18,812		642	6,986	492	(154)	
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)		354	724		105		(3,947)	2,897		(405)	849	93	(14)	
19.4 Other Commercial Auto Liability		53,604	255,928		8,404	134,432	(321,841)	1,414,477	71,421	63,415	210,461	10,886	(4,138)	
21.1 Private Passenger Auto Physical Damage		57,335	132,098		1,786	206,879	79,212	10,629		175	10,019	9,248	(640)	
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft		3,975	3,975		166	(17,722)	(19,406)	1,900		(369)	685	1,193	36	
27. Boiler and Machinery														
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)		14,857,329	16,385,787		6,396,423	5,346,546	5,650,448	26,075,050	5,173,702	2,314,899	8,948,141	4,222,763	113,756	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2024							NAIC Company Code	15580		
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire		7,594	2,317		7,278		11	630		(32)	14	2,088	.171	
2.1 Allied Lines														
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4. Private Crop														
2.5 Private Flood														
3. Farmersowners Multiple Peril														
4. Homeowners Multiple Peril														
5.1 Commercial Multiple Peril (Non-Liability Portion)							29	70		(2)	1			
5.2 Commercial Multiple Peril (Liability Portion)							(2,113)	4,745		(921)	1,415			
6. Mortgage Guaranty							(6)	1						
8. Ocean Marine							4							
9.1 Inland Marine														
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence		122,488	112,899		83,896		19,228	71,318		3,834	27,688	28,323	2,756	
17.2 Other Liability - Claims-Made		2,722,240	3,022,284		1,157,756	504,912	22,598	1,543,348		335,359	202,926	1,237,559	808,381	62,184
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence														
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)			260					(1,699)		1,151		(209)	308	
19.4 Other Commercial Auto Liability			8,671				200,000	76,513	48,031		33,378	4,051	13,129	
21.1 Private Passenger Auto Physical Damage								71		(545)		(341)	1,684	
21.2 Commercial Auto Physical Damage				1,314										
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft		2,551	2,551		2,232		(732)	1,009		(182)		378	.765	
27. Boiler and Machinery							88	88					.57	
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)		2,854,873	3,150,296		1,251,162	704,912	113,993	1,669,844	368,737	209,114	1,282,182	839,558	65,169	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Vermont	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines		101					(24)	35		(9)	1		
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence							(70)	5		(35)	29		
17.2 Other Liability - Claims-Made	19,558	21,037		10,710		(13,981)	26,068			(11,302)	14,917	5,867	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability							(73)	48		(15)	15		
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage							(3)				13	13	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	19,558	21,138		10,710		(14,151)	26,156			(11,348)	14,974	5,867	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Virginia	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire	23,868	1,347		22,530	4	562	563	1	32	32	5,966	.537	
2.1 Allied Lines	144,897	16,568		133,508	2	3,494	4,977		123	207	36,410	3,279	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)		145,317				60,354	61,074		3,276	3,336		7	
5.2 Commercial Multiple Peril (Liability Portion)						(48)	47		(13)	8			
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine							8	4					
9.2 Pet Insurance Plans									(10)	4			
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	1				(1)	(1,765)	8,644		(2,265)	1,614			
17.2 Other Liability - Claims-Made	156,977	236,596		123,334		(244,012)	1,422,615		(71,260)	347,857	47,093	3,550	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence						(1)	3		(2)	3			
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability												14	
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability		4,213				(8,287)	7,629		(616)	1,986			
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage		414				(6)	(124)		2	302			
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	325,543	404,455		279,371	5	(189,701)	1,505,435	1	(70,734)	355,350	89,469	7,387	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		7,965	7,675		6,584		194	16		(5)	1		
2.1 Allied Lines								2,113		(90)	180	2,213	159
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4. Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril								2,096	2,096	135	135		
5.1 Commercial Multiple Peril (Non-Liability Portion)		892	954		266		(203)	287		(3)	14		
5.2 Commercial Multiple Peril (Liability Portion)							(88)	183		(16)	24	268	18
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence			113					116	1,595		(84)	304	
17.2 Other Liability - Claims-Made		6,022,867	6,891,383		2,382,201	1,765,661	1,068,731	4,480,326	5,034,722	2,730,948	2,929,669	1,806,860	127,885
17.3 Excess Workers' Compensation									2				
18.1 Products Liability - Occurrence												1	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability		9,325	18,191		373	50,000	(21,405)	29,474		(3,155)	8,159	2,421	195
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage			1,946	11,326		68	1,000	224	(590)		(133)	1,038	503
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft								(930)	347		(248)	167	
27. Boiler and Machinery								(3)					
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		6,042,995	6,929,641		2,389,493	1,816,661	1,048,751	4,515,849	5,034,722	2,727,348	2,939,691	1,812,264	128,312
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines			2,376										
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made		43,816	41,969										
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		35,770	48,913										
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines .....													.597
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													1
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made		4,507	1,315			3,192		(627)	2,384		(475)	.808	
17.3 Excess Workers' Compensation								(19,212)	.325,460		5,425	(61,482)	126,778
18.1 Products Liability - Occurrence													1,352
18.2 Products Liability - Claims-Made .....													.68
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		4,507	1,315			3,192		(20,365)	328,468		5,425	(62,096)	127,793
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2024							NAIC Company Code	15580		
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12	
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
1. Fire														
2.1 Allied Lines			223					85		92		(45)	6	
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood														
3. Farmersowners Multiple Peril														
4. Homeowners Multiple Peril														
5.1 Commercial Multiple Peril (Non-Liability Portion)								19		2		(6)	1	
5.2 Commercial Multiple Peril (Liability Portion)														
6. Mortgage Guaranty														
8. Ocean Marine														
9.1 Inland Marine														
9.2 Pet Insurance Plans														
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake								2		1		(1)		
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)														
16. Workers' Compensation														
17.1 Other Liability - Occurrence	32,093		29,353		22,733		4,560	19,897			391	7,482	7,060	
17.2 Other Liability - Claims-Made	191,102		187,133		76,273		32,110	101,799			31,675	135,131	44,675	
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence														
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability														
19.3 Commercial Auto No-Fault (Personal Injury Protection)														
19.4 Other Commercial Auto Liability								(1,644)		1,365		27	104	
21.1 Private Passenger Auto Physical Damage														
21.2 Commercial Auto Physical Damage								(6)		3		(38)	74	
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft								34		34				
27. Boiler and Machinery								718		718		(1)		
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property	XXX		XXX		XXX		XXX	XXX		XXX		XXX	XXX	
32. Reins nonproportional assumed liability	XXX		XXX		XXX		XXX	XXX		XXX		XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX		XXX		XXX		XXX	XXX		XXX		XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)	223,195		216,709				99,006		35,877		123,912		32,001	142,796
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Guam	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)												1,050	
23. Fidelity .....												.250
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)												1,300	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Puerto Rico	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	22,515	21,388		1,127		22,041	22,041			6,375	6,375	5,866	
17.2 Other Liability - Claims-Made .....						.466	.466			5	5	
17.3 Excess Workers' Compensation						55	55			16	16	13	
18.1 Products Liability - Occurrence .....	.259	.162		.97								
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	22,774	21,550		1,224		22,562	22,562			6,396	6,396	5,934	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF U.S. Virgin Islands		DURING THE YEAR 2024							NAIC Company Code	15580	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													200
17.2 Other Liability - Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)													200
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Canada	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) Ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made								39,244	2,303,813		(94,073)	571,043	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)								39,238	2,303,814		(94,073)	571,043	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF	Other Aliens	DURING THE YEAR 2024								NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines		397,664	393,677										
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4. Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland Marine													
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made								(104,672)	2,169,740		(12,643)	267,267	
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		397,664	393,677		149,842			14,587	2,363,074		(13,021)	271,278	136,200
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0140	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR 2024							NAIC Company Code	15580
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	2,160,205	1,528,934			1,378,066	844,359	762,786	2,498,431	74,359	(89,020)	61,093	421,930	14,884
2.1 Allied Lines	4,168,121	4,089,431			2,078,313	295,572	4,171,402	6,882,410	50,573	100,055	243,842	1,056,694	21,125
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood	15,740	15,404			6,441		4,515	23,724		(474)	1,045	4,132	.335
3. Farmers Multiple Peril	41,082	30,285			34,392	143	(478)	2,111	6	94	339	8,545	.102
4. Homeowners Multiple Peril	2,269,264	2,232,946			1,207,218	450,066	377,524	742,188	72,304	126,707	99,691	547,654	4,245
5.1 Commercial Multiple Peril (Non-Liability Portion)	4,945,337	5,523,145			2,436,629	2,952,928	828,812	18,288,521	40,885	25,208	269,268	1,128,768	16,030
5.2 Commercial Multiple Peril (Liability Portion)	4,124,060	4,704,277			1,696,853	5,657,517	4,616,788	16,164,035	377,158	(267,870)	3,049,435	915,837	1,883
6. Mortgage Guaranty													
8. Ocean Marine	40,523	189,371			2,346		(20,405)	30,485		(301)	2,066	12,259	.19
9.1 Inland Marine	4,360,186	5,270,316			1,418,695	587,538	1,278,650	2,008,935	81,314	33,895	123,805	1,125,716	81,494
9.2 Pet Insurance Plans													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake	36,039	40,598			14,602		(3,249)	6,100		186	804	9,545	.836
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	28,213,006	24,661,087			16,149,553	43,477,985	7,858,378	96,416,334	2,636,187	1,917,787	11,259,564	5,734,632	.436,915
17.2 Other Liability - Claims-Made	163,387,103	173,804,505			72,791,541	40,174,261	38,599,919	134,147,066	33,257,306	10,552,939	77,139,298	47,374,033	2,950,369
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	2,636,954	1,417,818			1,545,798	397,814	1,657,411	5,363,040	506,678	977,076	2,788,710	461,382	17,434
18.2 Products Liability - Claims-Made	482,434	424,787			174,337		263	263		48	48	144,419	
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability .....													.16
19.3 Commercial Auto No-Fault (Personal Injury Protection)	2,954	9,054			.598	(436)	(1,934)	87,528	20,948	5,616	8,911	.760	
19.4 Other Commercial Auto Liability	2,079,305	5,584,964			1,256,475	28,995,892	2,050,403	33,046,247	2,541,046	903,162	4,425,360	460,070	108,410
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage	186,635	1,115,448			94,849	1,625,057	523,108	68,522	215,820	(57,609)	.515,358	54,930	.4,323
22. Aircraft (all perils)													
23. Fidelity .....													.1,050
24. Surety	2,424	3,904			.490	5,435	5,895	.861		.573	.870	.727	.251
26. Burglary and Theft	46,239	44,680			19,601	(19,412)	(32,090)	16,718		(2,822)	5,999	13,693	.948
27. Boiler and Machinery	169,664	194,105			70,584	4,571	37,144	43,163	4,128	5,030	4,368	42,370	1,843
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	219,367,277	230,886,046			102,380,492	125,467,497	62,711,626	315,901,098	39,730,009	14,229,152	100,001,198	59,518,097	3,662,644
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 505

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Known Case Losses and LAE	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Cols. 6 + 7								
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates														
AA-9991105 .00000 . California Commercial Auto Ins Procedure	CA.	89			174	174				41	69			
AA-9991107 .00000 . Colorado Commercial Auto Ins Procedure	CO.				1	1								
AA-9991115 .00000 . Illinois Commercial Auto Ins Procedure	IL.	19			63	63				12	11			
AA-9991117 .00000 . Indiana Commercial Auto Ins Procedure	IN.	8			52	52				5	5			
AA-9991118 .00000 . Iowa Commercial Auto Ins Procedure	IA.	11			135	135				5	35			
AA-9991119 .00000 . Kansas Commercial Auto Ins Procedure	KS.	1			4	4				1	1			
AA-9991210 .00000 . Kentucky Fair Plan	KY.	1												
AA-9991211 .00000 . Louisiana Fair Plan	LA.	1									1			
AA-9991215 .00000 . Minnesota Fair Plan	MN.	1					1	1						
AA-9990014 .00000 . Missouri Commercial Auto Ins Procedure	MO.						3	3				1		
AA-9991130 .00000 . Nebraska Commercial Auto Ins Procedure	NE.	1					2	2				1		
AA-9991131 .00000 . Nevada Commercial Auto Ins Procedure	NV.	1					1	1						
AA-0000000 .00000 . New York Commercial Auto Ins Procedure	NY.											(1)		
AA-9991137 .00000 . New York Special Risk Dstribution Progr	NY.						5	5				1		
AA-9991139 .00000 . North Carolina Reins Facility	NC.	(16)					2	2						
AA-9991141 .00000 . Ohio Commercial Auto Ins Procedure	OH.	8			27	27				6	4			
AA-9991223 .00000 . Oregon Fair Plan	OR.	1												
AA-9991146 .00000 . Rhode Island Commercial Auto Ins Procedure	RI.	2					1	1			1	1		
AA-9991225 .00000 . Rhode Island Joint Reins Assn	RI.						1	1						
57-0629683 .34134 . South Carolina Wind & Hail Underwriting	SC.	2										13		
AA-9991151 .00000 . Utah Commercial Auto Ins Procedure	UT.						1	1						
AA-9991156 .00000 . West Virginia Commercial Auto Ins Proced	WV.	1					4	4				1		
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools		131					477	477				85	129	
1299999. Total - Pools and Associations		131					477	477				85	129	
9999999 Totals		131					477	477				85	129	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers			
31-1024978 ..	41297 ..	Scottsdale Insurance Company	0H		219,495	9,121	4,769	144,769	33,324	176,308	83,904	102,465		554,660		29,246	525,414	129	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					219,495	9,121	4,769	144,769	33,324	176,308	83,904	102,465		554,660		29,246	525,414	129	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					219,495	9,121	4,769	144,769	33,324	176,308	83,904	102,465		554,660		29,246	525,414	129	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					219,495	9,121	4,769	144,769	33,324	176,308	83,904	102,465		554,660		29,246	525,414	129	
AA-9991159 .. 00000 .. Michigan Claims Cat Fund	MI			3												3	(3)		
1099999. Total Authorized - Pools - Mandatory Pools						3											3	(3)	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					219,498	9,121	4,769	144,769	33,324	176,308	83,904	102,465		554,660		29,249	525,411	129	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2299999. Total Unauthorized - Affiliates																			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																			
3299999. Total Certified - Affiliates - U.S. Non-Pool																			
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			
3699999. Total Certified - Affiliates																			
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																			
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																			
5099999. Total Reciprocal Jurisdiction - Affiliates																			
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																			
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					219,498	9,121	4,769	144,769	33,324	176,308	83,904	102,465		554,660		29,249	525,411	129	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)					219,498	9,121	4,769	144,769	33,324	176,308	83,904	102,465		554,660		29,249	525,411	129	
9999999 Totals					219,498	9,121	4,769	144,769	33,324	176,308	83,904	102,465		554,660		29,249	525,411	129	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 3 (Continued)Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk										36 Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)		
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	
31-1024978 ..	Scottsdale Insurance Company .....	.....	.....	.....	.....	29,375	525,285	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other				XXX		29,375	525,285			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX		29,375	525,285			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX																	
0899999. Total Authorized - Affiliates				XXX		29,375	525,285														
AA-9991159 .. Michigan Claims Cat Fund .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....
1099999. Total Authorized - Pools - Mandatory Pools				XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX		29,375	525,285														
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX																	
2299999. Total Unauthorized - Affiliates				XXX																	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX																	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX																	
3699999. Total Certified - Affiliates				XXX																	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX																	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX																	
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX																	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																					
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)																					
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals				XXX		29,375	525,285														

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 42+48])	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
		37 Current	Overdue																								
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
31-1024978 ..	Scottsdale Insurance Company	13,890															YES										
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		13,890						13,890			13,890						XXX										
0499999. Total Authorized - Affiliates - U.S. Non-Pool		13,890						13,890			13,890						XXX										
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																	XXX										
0899999. Total Authorized - Affiliates		13,890						13,890			13,890						XXX										
AA-9991159 ..	Michigan Claims Cat Fund																YES										
1099999. Total Authorized - Pools - Mandatory Pools																	XXX										
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		13,890						13,890			13,890						XXX										
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX										
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																	XXX										
2299999. Total Unauthorized - Affiliates																	XXX										
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																	XXX										
3299999. Total Certified - Affiliates - U.S. Non-Pool																	XXX										
3599999. Total Certified - Affiliates - Other (Non-U.S.)																	XXX										
3699999. Total Certified - Affiliates																	XXX										
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																	XXX										
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																	XXX										
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																	XXX										
5099999. Total Reciprocal Jurisdiction - Affiliates																	XXX										
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																	XXX										
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		13,890						13,890			13,890						XXX										
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	XXX										
9999999 Totals		13,890						13,890			13,890						XXX										

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 45 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67				
31-1024978 ..	Scottsdale Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0499999. Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0899999. Total Authorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-9991159 .. Michigan Claims Cat Fund	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1099999. Total Authorized - Pools - Mandatory Pools		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2299999. Total Unauthorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX																		
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX																		
3699999. Total Certified - Affiliates		XXX																		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX																		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5099999. Total Reciprocal Jurisdiction - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		XXX																		
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		XXX																		
9999999 Totals		XXX																		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
				72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([(Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
31-1024978 ..	Scottsdale Insurance Company	XXX.....	XXX.....					XXX.....	XXX.....		
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other			XXX	XXX				XXX	XXX		
0499999. Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX		
0799999. Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX		
0899999. Total Authorized - Affiliates			XXX	XXX				XXX	XXX		
AA-9991159 ..	Michigan Claims Cat Fund	XXX.....	XXX.....					XXX.....	XXX.....		
1099999. Total Authorized - Pools - Mandatory Pools			XXX	XXX				XXX	XXX		
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX				XXX	XXX		
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					XXX	XXX	XXX		XXX		
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					XXX	XXX	XXX		XXX		
2299999. Total Unauthorized - Affiliates					XXX	XXX	XXX		XXX		
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					XXX	XXX	XXX		XXX		
3299999. Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3599999. Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999. Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX		
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX		
5099999. Total Reciprocal Jurisdiction - Affiliates			XXX	XXX				XXX	XXX		
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX				XXX	XXX		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)											
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)											
9999999 Totals											

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> Ceded Premium
1.0.000	.....
2.0.000	.....
3.0.000	.....
4.0.000	.....
5.0.000	.....

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premiums	<u>4</u> Affiliated
6.	Scottsdale Insurance Company .....	.....554,660	.....219,495	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
7.	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
8.	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
9.	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
10.	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	38,367,044		38,367,044
2. Premiums and considerations (Line 15)	12,079,747		12,079,747
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	13,890,254	(13,890,254)	1
4. Funds held by or deposited with reinsured companies (Line 16.2)	128,764		128,764
5. Other assets	7,568,661		7,568,661
6. Net amount recoverable from reinsurers		525,286,751	525,286,751
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	72,034,470	511,396,498	583,430,968
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	57	438,305,307	438,305,364
10. Taxes, expenses, and other obligations (Lines 4 through 8)	231,379	30	231,409
11. Unearned premiums (Line 9)		102,465,252	102,465,252
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	29,248,669	(29,245,327)	3,342
15. Funds held by company under reinsurance treaties (Line 13)	128,764	(128,764)	
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)			
18. Other liabilities	3,890,669		3,890,669
19. Total liabilities excluding protected cell business (Line 26)	33,499,538	511,396,498	544,896,036
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	38,534,932	XXX	38,534,932
22. Totals (Line 38)	72,034,470	511,396,498	583,430,968

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [] No []

If yes, give full explanation: See Notes to Financial Statements #26

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2015.....	1,314	1,314		295	295	2	2	35	35			31	
3. 2016.....	1,390	1,390		270	270	7	7	37	37			22	
4. 2017.....	1,448	1,448		986	986	19	19	47	47			14	
5. 2018.....	1,487	1,487		502	502	14	14	46	46			18	
6. 2019.....	1,631	1,631		812	812	5	5	68	68			21	
7. 2020.....	1,865	1,865		1,118	1,118	143	143	61	61			30	
8. 2021.....	2,518	2,518		673	673	9	9	54	54			57	
9. 2022.....	2,850	2,850		1,906	1,906	79	79	61	61			53	
10. 2023.....	2,621	2,621		1,290	1,290	62	62	99	99			29	
11. 2024	2,263	2,263		106	106			23	23			13	
12. Totals	XXX	XXX	XXX	7,959	7,959	341	341	531	531			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	(40)	(40)							(6)	(6)			29
2. 2015.....	(4)	(4)	(1)	(1)					(1)	(1)			
3. 2016.....	(1)	(1)											
4. 2017.....	63	63	4	4					13	13			
5. 2018.....			(3)	(3)									
6. 2019.....			(2)	(2)									
7. 2020.....			(3)	(3)							3	3	
8. 2021.....			(6)	(6)									
9. 2022.....	158	158	56	56	12	12	2	2	11	11			
10. 2023.....	209	209	205	205	34	34	35	35	.36	.36			1
11. 2024	25	25	105	105	3	3	13	13	32	32			1
12. Totals	411	411	355	355	49	49	57	57	83	83			31

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....	327	327		24.9	24.9						
3. 2016.....	313	313		22.5	22.5						
4. 2017.....	1,133	1,133		78.2	78.2						
5. 2018.....	560	560		37.7	37.7						
6. 2019.....	884	884		54.2	54.2						
7. 2020.....	1,322	1,322		70.9	70.9						
8. 2021.....	730	730		29.0	29.0						
9. 2022.....	2,286	2,286		80.2	80.2						
10. 2023.....	1,969	1,969		75.1	75.1						
11. 2024	308	308		13.6	13.6						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2015.....													
3. 2016.....									1	1			
4. 2017.....									17	17			
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....	1	1											
9. 2022.....													
10. 2023.....									6	6			
11. 2024													
12. Totals	XXX	XXX	XXX						24	24		XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....											
3. 2016.....	1	1									
4. 2017.....	17	17									
5. 2018.....											
6. 2019.....											
7. 2020.....											
8. 2021.....											
9. 2022.....											
10. 2023.....	6	6		3,437.6	3,437.6						
11. 2024											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	256	256	156	156	43	43			XXX.....	
2. 2015.....	34,527	34,527		32,314	32,314	1,812	1,812	1,888	1,888			918	
3. 2016.....	37,062	37,062		41,893	41,893	2,985	2,985	2,237	2,237			1,045	
4. 2017.....	40,889	40,889		36,523	36,523	2,532	2,532	2,908	2,908			1,147	
5. 2018.....	38,830	38,830		27,221	27,221	1,761	1,761	1,709	1,709			935	
6. 2019.....	44,395	44,395		35,775	35,775	2,212	2,212	1,909	1,909			988	
7. 2020.....	44,124	44,124		24,253	24,253	2,802	2,802	1,805	1,805			649	
8. 2021.....	52,725	52,725		34,202	34,202	2,588	2,588	2,011	2,011			835	
9. 2022.....	45,935	45,935		20,787	20,787	1,510	1,510	2,066	2,066			644	
10. 2023.....	27,211	27,211		6,743	6,743	380	380	1,583	1,583			347	
11. 2024	5,737	5,737		1,732	1,732	51	51	546	546			53	
12. Totals	XXX	XXX	XXX	261,699	261,699	18,789	18,789	18,704	18,704			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....			6	6	(2)	(2)	(1)	(1)	16	16			1,595
2. 2015.....					(6)	(6)	2	2	(13)	(13)			
3. 2016.....	1,005	1,005	4	4	86	86	8	8	206	206			
4. 2017.....	(2)	(2)	107	107	(7)	(7)	31	31	32	32			
5. 2018.....	399	399	115	115	40	40	39	39	52	52			
6. 2019.....	732	732	277	277	109	109	90	90	108	108			2
7. 2020.....	3,655	3,655	814	814	85	85	165	165	.87	.87			4
8. 2021.....	4,841	4,841	1,519	1,519	206	206	.599	.599	227	227			9
9. 2022.....	6,117	6,117	3,985	3,985	641	641	1,021	1,021	384	384			24
10. 2023.....	2,447	2,447	5,045	5,045	186	186	.887	.887	346	346			.32
11. 2024	649	649	2,078	2,078	40	40	262	262	135	135			11
12. Totals	19,841	19,841	13,949	13,949	1,378	1,378	3,102	3,102	1,580	1,580			1,677

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....	35,998	35,998		104.3	104.3						
3. 2016.....	48,423	48,423		130.7	130.7						
4. 2017.....	42,124	42,124		103.0	103.0						
5. 2018.....	31,335	31,335		80.7	80.7						
6. 2019.....	41,212	41,212		92.8	92.8						
7. 2020.....	33,665	33,665		76.3	76.3						
8. 2021.....	46,193	46,193		87.6	87.6						
9. 2022.....	36,510	36,510		79.5	79.5						
10. 2023.....	17,616	17,616		64.7	64.7						
11. 2024	5,494	5,494		95.7	95.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	18.....	18.....	.....	.....	.....	.....	.....	.....	XXX.....
2. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2018.....	89.....	89.....	.....	101.....	101.....	27.....	27.....	16.....	16.....	.....	.....	11.....
6. 2019.....	132.....	132.....	.....	2.....	2.....	.....	.....	3.....	3.....	.....	.....	4.....
7. 2020.....	9.....	9.....	.....	.....	.....	.....	.....	9.....	9.....	.....	.....	2.....
8. 2021.....	(1).....	(1).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2022.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2023.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2024.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX	121	121	27	27	28	28	.....	.....	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.....	60.....	60.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2.....
2. 2015.....			
3. 2016.....			
4. 2017.....			
5. 2018.....	1.....	1.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2019.....	3.....	3.....	.....	.....	1.....	1.....	.....	.....	.....	.....	.....
7. 2020.....	1.....	1.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2021.....			
9. 2022.....			
10. 2023.....			
11. 2024.....			
12. Totals	60	60	5	5	.....	.....	1	1	.....	.....	.....	.....	2

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	.....	.....
2. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2018.....	146.....	146.....	.....	163.7.....	163.7.....	.....	.....	.....	.....	.....	.....
6. 2019.....	9.....	9.....	.....	6.7.....	6.7.....	.....	.....	.....	.....	.....	.....
7. 2020.....	10.....	10.....	.....	108.0.....	108.0.....	.....	.....	.....	.....	.....	.....
8. 2021.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2022.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2023.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2024.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	247	247	29	29	642	642			XXX.....	
2. 2015.....	14,808	14,808		7,194	7,194	984	984	1,492	1,492			241	
3. 2016.....	16,069	16,069		12,638	12,638	837	837	1,037	1,037			246	
4. 2017.....	16,405	16,405		38,285	38,285	1,276	1,276	4,459	4,459			257	
5. 2018.....	17,047	17,047		39,514	39,514	873	873	3,474	3,474			329	
6. 2019.....	18,676	18,676		14,289	14,289	361	361	4,569	4,569			287	
7. 2020.....	17,698	17,698		14,393	14,393	267	267	1,699	1,699			199	
8. 2021.....	15,517	15,517		6,351	6,351	625	625	996	996			193	
9. 2022.....	16,938	16,938		5,645	5,645	291	291	.596	.596			188	
10. 2023.....	16,557	16,557		4,770	4,770	40	40	.806	.806			159	
11. 2024	10,227	10,227		2,238	2,238	49	49	216	216			71	
12. Totals	XXX	XXX	XXX	145,564	145,564	5,631	5,631	19,985	19,985			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	150	150	63	63	21	21	6	6	176	176			365
2. 2015.....	200	200	141	141	11	11	9	9	.75	.75			
3. 2016.....			181	181	20	20	20	20	152	152			
4. 2017.....	13	13	268	268			41	41	185	185			
5. 2018.....	42	42	530	530	.37	.37	59	59	253	253			2
6. 2019.....	1,825	1,825	617	617	301	301	157	157	310	310			2
7. 2020.....	14,113	14,113	2,440	2,440	65	65	.212	.212	.220	.220			6
8. 2021.....	928	928	.847	.847	198	198	.281	.281	.292	.292			10
9. 2022.....	1,590	1,590	2,220	2,220	406	406	.553	.553	.510	.510			41
10. 2023.....	2,733	2,733	3,475	3,475	182	182	.636	.636	.714	.714			.31
11. 2024	695	695	3,676	3,676	26	26	645	645	370	370			35
12. Totals	22,289	22,289	14,459	14,459	1,267	1,267	2,618	2,618	3,258	3,258			492

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....	10,108	10,108		.68.3	.68.3						
3. 2016.....	14,886	14,886		.92.6	.92.6						
4. 2017.....	44,526	44,526		271.4	271.4						
5. 2018.....	44,781	44,781		.262.7	.262.7						
6. 2019.....	22,430	22,430		.120.1	.120.1						
7. 2020.....	33,409	33,409		.188.8	.188.8						
8. 2021.....	10,517	10,517		.67.8	.67.8						
9. 2022.....	11,810	11,810		.69.7	.69.7						
10. 2023.....	13,356	13,356		.80.7	.80.7						
11. 2024	7,914	7,914		77.4	77.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024.....													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....											
3. 2016.....											
4. 2017.....											
5. 2018.....											
6. 2019.....											
7. 2020.....											
8. 2021.....											
9. 2022.....											
10. 2023.....											
11. 2024.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....
2. 2015.....	(1).....	(1).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2019.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2020.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2021.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2022.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2023.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2024.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....
2. 2015.....
3. 2016.....
4. 2017.....
5. 2018.....
6. 2019.....
7. 2020.....
8. 2021.....
9. 2022.....
10. 2023.....
11. 2024.....
12. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
2. 2015.....
3. 2016.....
4. 2017.....
5. 2018.....
6. 2019.....
7. 2020.....
8. 2021.....
9. 2022.....
10. 2023.....
11. 2024.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2015	365	365		4	4					3	3	XXX	
3. 2016	394	394										XXX	
4. 2017	454	454		31	31					1	1	XXX	
5. 2018	418	418		59	59					3	3	XXX	
6. 2019	458	458		83	83					1	1	XXX	
7. 2020	548	548				12	12	2	2			XXX	
8. 2021	476	476						1	1			XXX	
9. 2022	446	446		26	26			1	1			XXX	
10. 2023	520	520		33	33			1	1			XXX	
11. 2024	383	383		5	5	1	1	1	1			XXX	
12. Totals	XXX	XXX	XXX	240	240	13	13	14	14			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior													1			
2. 2015			4	4												
3. 2016			4	4												
4. 2017																
5. 2018																
6. 2019					2	2					2	2				
7. 2020			4	4												
8. 2021			1	1												
9. 2022			3	3												
10. 2023			4	4					1	1	1	1				
11. 2024			52	52					3	3	4	4				
12. Totals			74	74	2	2	4	4	6	6			1			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2015	11	11		3.1	3.1						
3. 2016	4	4		1.0	1.0						
4. 2017	32	32		7.0	7.0						
5. 2018	62	62		14.8	14.8						
6. 2019	89	89		19.4	19.4						
7. 2020	18	18		3.3	3.3						
8. 2021	2	2		0.4	0.4						
9. 2022	30	30		6.8	6.8						
10. 2023	41	41		7.8	7.8						
11. 2024	65	65		17.0	17.0						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	990	990	203	203	71	71			XXX.....	
2. 2015.....	54,469	54,469		48,914	48,914	2,627	2,627	5,462	5,462			451	
3. 2016.....	69,060	69,060		55,460	55,460	4,905	4,905	1,927	1,927			422	
4. 2017.....	60,603	60,603		54,338	54,338	3,920	3,920	2,514	2,514			442	
5. 2018.....	50,719	50,719		38,656	38,656	1,655	1,655	1,825	1,825			382	
6. 2019.....	46,796	46,796		31,563	31,563	1,837	1,837	2,124	2,124			319	
7. 2020.....	40,404	40,404		19,692	19,692	1,239	1,239	1,172	1,172			172	
8. 2021.....	29,495	29,495		14,366	14,366	1,299	1,299	1,839	1,839			182	
9. 2022.....	23,642	23,642		5,513	5,513	324	324	1,547	1,547			221	
10. 2023.....	22,991	22,991		1,899	1,899	227	227	485	485			118	
11. 2024	24,661	24,661		203	203	26	26	320	320			30	
12. Totals	XXX	XXX	XXX	271,595	271,595	18,262	18,262	19,286	19,286			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	3,026	3,026	1,213	1,213	19	19	139	139	272	272			1,781
2. 2015.....	3,854	3,854	925	925	101	101	42	42	150	150			1
3. 2016.....	14,375	14,375	1,223	1,223	615	615	297	297	320	320			5
4. 2017.....	10,540	10,540	1,401	1,401	153	153	327	327	311	311			3
5. 2018.....	5,800	5,800	1,159	1,159	108	108	193	193	434	434			9
6. 2019.....	3,601	3,601	1,846	1,846	133	133	443	443	408	408			11
7. 2020.....	3,164	3,164	3,949	3,949	199	199	625	625	341	341			11
8. 2021.....	5,980	5,980	5,282	5,282	357	357	839	839	345	345			9
9. 2022.....	2,283	2,283	5,896	5,896	907	907	1,334	1,334	698	698			36
10. 2023.....	1,481	1,481	7,712	7,712	384	384	1,654	1,654	963	963			25
11. 2024	1,895	1,895	9,797	9,797	105	105	2,281	2,281	471	471			17
12. Totals	56,001	56,001	40,404	40,404	3,081	3,081	8,175	8,175	4,714	4,714			1,908

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....	62,074	62,074		114.0	114.0						
3. 2016.....	79,123	79,123		114.6	114.6						
4. 2017.....	73,505	73,505		121.3	121.3						
5. 2018.....	49,832	49,832		98.3	98.3						
6. 2019.....	41,954	41,954		89.7	89.7						
7. 2020.....	30,381	30,381		75.2	75.2						
8. 2021.....	30,307	30,307		102.8	102.8						
9. 2022.....	18,502	18,502		78.3	78.3						
10. 2023.....	14,805	14,805		64.4	64.4						
11. 2024	15,099	15,099		61.2	61.2						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....			198	198					XXX.....	
2. 2015.....	108,988	108,988		30,396	30,396	15,681	15,681	2,893	2,893			323	
3. 2016.....	115,523	115,523		31,953	31,953	19,711	19,711	2,229	2,229			288	
4. 2017.....	116,744	116,744		29,788	29,788	26,606	26,606	1,817	1,817			275	
5. 2018.....	118,601	118,601		32,344	32,344	31,237	31,237	1,922	1,922			330	
6. 2019.....	116,367	116,367		37,080	37,080	29,158	29,158	4,190	4,190			346	
7. 2020.....	129,165	129,165		29,868	29,868	29,598	29,598	2,899	2,899			355	
8. 2021.....	169,374	169,374		36,934	36,934	24,638	24,638	3,161	3,161			343	
9. 2022.....	200,514	200,514		28,454	28,454	26,064	26,064	8,352	8,352			320	
10. 2023.....	195,299	195,299		19,865	19,865	11,228	11,228	2,730	2,730			289	
11. 2024	173,805	173,805		5,610	5,610	3,112	3,112	1,010	1,010			198	
12. Totals	XXX	XXX	XXX	282,290	282,290	217,231	217,231	31,203	31,203			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	10,000	10,000	2,521	2,521	194	194	230	230	8	8			597
2. 2015.....			1,001	1,001			88	88					
3. 2016.....	25	25	696	696	184	184	93	93					
4. 2017.....			933	933			599	599					
5. 2018.....	585	585	3,549	3,549	1,303	1,303	499	499	.36	.36			
6. 2019.....	3,040	3,040	3,966	3,966	716	716	1,677	1,677	.97	.97			2
7. 2020.....	1,160	1,160	4,518	4,518	799	799	1,359	1,359	115	115			2
8. 2021.....	1,768	1,768	9,277	9,277	3,756	3,756	3,069	3,069	430	430			5
9. 2022.....	4,156	4,156	16,360	16,360	4,137	4,137	7,262	7,262	722	722			34
10. 2023.....	6,493	6,493	21,817	21,817	5,538	5,538	15,471	15,471	1,203	1,203			.97
11. 2024	8,781	8,781	35,724	35,724	7,786	7,786	22,640	22,640	3,205	3,205			137
12. Totals	36,007	36,007	100,362	100,362	24,413	24,413	52,987	52,987	5,817	5,817			874

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....	50,059	50,059		.45.9	45.9						
3. 2016.....	54,891	54,891		.47.5	47.5						
4. 2017.....	59,742	59,742		.51.2	51.2						
5. 2018.....	71,474	71,474		.60.3	60.3						
6. 2019.....	79,923	79,923		.68.7	68.7						
7. 2020.....	70,317	70,317		.54.4	54.4						
8. 2021.....	83,033	83,033		.49.0	49.0						
9. 2022.....	95,507	95,507		.47.6	47.6						
10. 2023.....	84,344	84,344		.43.2	43.2						
11. 2024	87,868	87,868		50.6	50.6						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(18)	(18)								XXX
2. 2015	8,827	8,827		3,520	3,520	83	83	282	282				XXX
3. 2016	9,686	9,686		3,634	3,634	46	46	334	334				XXX
4. 2017	10,447	10,447		3,955	3,955	72	72	343	343				XXX
5. 2018	10,066	10,066		3,992	3,992	74	74	562	562				XXX
6. 2019	8,967	8,967		3,669	3,669	30	30	663	663				XXX
7. 2020	9,541	9,541		8,041	8,041	49	49	627	627				XXX
8. 2021	12,094	12,094		5,344	5,344	172	172	407	407				XXX
9. 2022	12,120	12,120		3,530	3,530	64	64	378	378				XXX
10. 2023	12,049	12,049		3,064	3,064	69	69	305	305				XXX
11. 2024	10,981	10,981		1,030	1,030	52	52	151	151				XXX
12. Totals	XXX	XXX	XXX	39,760	39,760	711	711	4,052	4,052				XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	(5)	(5)							(1)	(1)	7	7		160		
2. 2015	(3)	(3)														
3. 2016	53	53														
4. 2017	(54)	(54)														
5. 2018			(3)	(3)					1	1	4	4				
6. 2019			26	26					1	1	1	1				
7. 2020	3,191	3,191	323	323	7	7	11	11	32	32						
8. 2021	(3)	(3)	133	133			32	32	31	31						
9. 2022	14	14	456	456	1	1	38	38	25	25						
10. 2023	278	278	908	908	7	7	204	204	125	125				4		
11. 2024	4,659	4,659	1,454	1,454	50	50	84	84	189	189				4		
12. Totals	8,131	8,131	3,297	3,297	66	66	370	370	415	415				168		

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2015	3,882	3,882		44.0	44.0						
3. 2016	4,067	4,067		42.0	42.0						
4. 2017	4,316	4,316		41.3	41.3						
5. 2018	4,630	4,630		46.0	46.0						
6. 2019	4,390	4,390		49.0	49.0						
7. 2020	12,281	12,281		128.7	128.7						
8. 2021	6,116	6,116		50.6	50.6						
9. 2022	4,505	4,505		37.2	37.2						
10. 2023	4,960	4,960		41.2	41.2						
11. 2024	7,669	7,669		69.8	69.8						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2015.....	15,262	15,262		9,212	9,212	1,383	1,383	1,048	1,048			658	
3. 2016.....	17,606	17,606		8,687	8,687	982	982	.971	.971			585	
4. 2017.....	21,193	21,193		12,784	12,784	1,757	1,757	1,391	1,391			701	
5. 2018.....	19,200	19,200		8,910	8,910	1,179	1,179	1,470	1,470			580	
6. 2019.....	18,604	18,604		8,643	8,643	926	926	1,358	1,358			540	
7. 2020.....	16,900	16,900		6,360	6,360	315	315	1,407	1,407			406	
8. 2021.....	19,696	19,696		8,023	8,023	115	115	.980	.980			496	
9. 2022.....	16,866	16,866		6,212	6,212	.65	.65	.926	.926			368	
10. 2023.....	9,094	9,094		4,014	4,014	.20	.20	.347	.347			200	
11. 2024	1,116	1,116		1,049	1,049	3	3	73	73			34	
12. Totals	XXX	XXX	XXX	73,896	73,896	6,745	6,745	9,972	9,972			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....								1	1	22	22		288
2. 2015.....					37	37							
3. 2016.....					1	1							
4. 2017.....					17	17	4	4	8	8			
5. 2018.....							2	2					
6. 2019.....			3	3	1	1	15	15	4	4			
7. 2020.....			115	115	1	1	21	21	6	6			
8. 2021.....			2	2	6	6	.83	.83	.31	.31			
9. 2022.....	3	3	(52)	(52)	6	6	.168	.168	.58	.58			2
10. 2023.....	4	4	(19)	(19)	1	1	.128	.128	.83	.83			
11. 2024	25	25	(13)	(13)	1	1	23	23	60	60			4
12. Totals	32	32	37	37	70	70	445	445	272	272			294

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....	11,681	11,681		76.5	76.5						
3. 2016.....	10,642	10,642		60.4	60.4						
4. 2017.....	15,962	15,962		75.3	75.3						
5. 2018.....	11,561	11,561		60.2	60.2						
6. 2019.....	10,950	10,950		58.9	58.9						
7. 2020.....	8,226	8,226		48.7	48.7						
8. 2021.....	9,241	9,241		46.9	46.9						
9. 2022.....	7,386	7,386		43.8	43.8						
10. 2023.....	4,578	4,578		50.3	50.3						
11. 2024	1,221	1,221		109.4	109.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....
2. 2015.....	5	5										XXX.....	
3. 2016.....	1	1										XXX.....	
4. 2017.....												XXX.....	
5. 2018.....												XXX.....	
6. 2019.....					7	7						XXX.....	
7. 2020.....												XXX.....	
8. 2021.....	1	1										XXX.....	
9. 2022.....	3	3										XXX.....	
10. 2023.....	4	4		2	2							XXX.....	
11. 2024	4	4		3	3							XXX	
12. Totals	XXX	XXX	XXX	12	12							XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....									4	4			
11. 2024			1	1					9	9			
12. Totals			1	1			1	1	13	13			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....		
2. 2015.....											
3. 2016.....				0.1	0.1						
4. 2017.....				0.2	0.2						
5. 2018.....											
6. 2019.....	7	7									
7. 2020.....											
8. 2021.....				6.3	6.3						
9. 2022.....				11.7	11.7						
10. 2023.....	6	6		167.4	167.4						
11. 2024	13	13		344.1	344.1						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2015.....												XXX.....	
3. 2016.....	2	2										XXX.....	
4. 2017.....	6	6		7	7							XXX.....	
5. 2018.....	129	129		224	224							XXX.....	
6. 2019.....	385	385		498	498							XXX.....	
7. 2020.....	514	514		493	493							XXX.....	
8. 2021.....	16	16		(221)	(221)					1	1	XXX.....	
9. 2022.....	18	18										XXX.....	
10. 2023.....	14	14										XXX.....	
11. 2024												XXX	
12. Totals	XXX	XXX	XXX	1,001	1,001					1	1	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....											
3. 2016.....				0.2	0.2						
4. 2017.....	7	7		113.9	113.9						
5. 2018.....	224	224		173.6	173.6						
6. 2019.....	498	498		129.4	129.4						
7. 2020.....	493	493		95.9	95.9						
8. 2021.....	(220)	(220)		(1,374.1)	(1,374.1)						
9. 2022.....											
10. 2023.....				0.1	0.1						
11. 2024											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	11.....	11.....	42.....	42.....	5.....	5.....			XXX.....	
2. 2015.....	347.....	347.....		32.....	32.....	37.....	37.....	3.....	3.....			3.....	
3. 2016.....	1,122.....	1,122.....		1,619.....	1,619.....			10.....	10.....			9.....	
4. 2017.....	704.....	704.....		215.....	215.....	146.....	146.....	16.....	16.....			10.....	
5. 2018.....	189.....	189.....		66.....	66.....	73.....	73.....	10.....	10.....			6.....	
6. 2019.....	192.....	192.....		203.....	203.....	42.....	42.....	16.....	16.....			10.....	
7. 2020.....	228.....	228.....		50.....	50.....	82.....	82.....	20.....	20.....			8.....	
8. 2021.....	529.....	529.....		223.....	223.....	23.....	23.....	8.....	8.....			8.....	
9. 2022.....	1,249.....	1,249.....		260.....	260.....	148.....	148.....	24.....	24.....			23.....	
10. 2023.....	1,106.....	1,106.....		27.....	27.....	156.....	156.....	20.....	20.....			21.....	
11. 2024	1,419	1,419		87	87	146	146	22	22			17	
12. Totals	XXX	XXX	XXX	2,793	2,793	896	896	155	155			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	230.....	230.....	64.....	64.....	648.....	648.....	44.....	44.....	39.....	39.....			37.....
2. 2015.....			17.....	17.....	10.....	10.....	51.....	51.....	5.....	5.....			
3. 2016.....			64.....	64.....			61.....	61.....	1.....	1.....			
4. 2017.....	25.....	25.....	141.....	141.....	36.....	36.....	100.....	100.....	29.....	29.....			1.....
5. 2018.....			143.....	143.....	29.....	29.....	85.....	85.....	3.....	3.....			
6. 2019.....			163.....	163.....	2.....	2.....	77.....	77.....	3.....	3.....			
7. 2020.....	80.....	80.....	281.....	281.....	82.....	82.....	93.....	93.....	17.....	17.....			1.....
8. 2021.....			355.....	355.....	14.....	14.....	171.....	171.....	21.....	21.....			
9. 2022.....	910.....	910.....	458.....	458.....	82.....	82.....	185.....	185.....	9.....	9.....			2.....
10. 2023.....	325.....	325.....	856.....	856.....	97.....	97.....	372.....	372.....	36.....	36.....			2.....
11. 2024	426	426	824	824	236	236	314	314	31	31			11
12. Totals	1,997	1,997	3,367	3,367	1,236	1,236	1,553	1,553	195	195			54

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....	155.....	155.....		44.8.....	44.8.....						
3. 2016.....	1,756.....	1,756.....		156.5.....	156.5.....						
4. 2017.....	708.....	708.....		100.5.....	100.5.....						
5. 2018.....	409.....	409.....		216.4.....	216.4.....						
6. 2019.....	507.....	507.....		263.9.....	263.9.....						
7. 2020.....	707.....	707.....		310.0.....	310.0.....						
8. 2021.....	815.....	815.....		154.1.....	154.1.....						
9. 2022.....	2,078.....	2,078.....		166.3.....	166.3.....						
10. 2023.....	1,889.....	1,889.....		170.8.....	170.8.....						
11. 2024	2,086	2,086		147.0	147.0						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2015.....										1	1		
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....	7	7											
8. 2021.....	351	351								1	1		
9. 2022.....	483	483		5	5					1	1		
10. 2023.....	409	409								1	1		
11. 2024	424	424								6	6		
12. Totals	XXX	XXX	XXX	5	5					11	11	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....	1	1									
3. 2016.....											
4. 2017.....											
5. 2018.....											
6. 2019.....											
7. 2020.....											
8. 2021.....	1	1		0.3	0.3						
9. 2022.....	6	6		1.3	1.3						
10. 2023.....	1	1		0.3	0.3						
11. 2024	6	6		1.5	1.5						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 1S - FINANCIAL GUARANTY/MORTGAGE GUARANTY
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2015.....												XXX.....	
3. 2016.....												XXX.....	
4. 2017.....												XXX.....	
5. 2018.....												XXX.....	
6. 2019.....												XXX.....	
7. 2020.....												XXX.....	
8. 2021.....												XXX.....	
9. 2022.....												XXX.....	
10. 2023.....												XXX.....	
11. 2024												XXX	
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....											
3. 2016.....											
4. 2017.....											
5. 2018.....											
6. 2019.....											
7. 2020.....											
8. 2021.....											
9. 2022.....											
10. 2023.....											
11. 2024											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 1T - WARRANTY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....
2. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2019.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2020.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2021.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2022.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2023.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2024	1	1											
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....
2. 2015.....
3. 2016.....
4. 2017.....
5. 2018.....
6. 2019.....
7. 2020.....
8. 2021.....
9. 2022.....
10. 2023.....
11. 2024													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	.....	.....
2. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2019.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2020.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2021.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2022.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2023.....	.....	.....	.....	23.7	23.7	.....	.....	.....	.....	.....	.....
11. 2024											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 1U - PET INSURANCE PLANS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2015.....												XXX.....	
3. 2016.....												XXX.....	
4. 2017.....												XXX.....	
5. 2018.....												XXX.....	
6. 2019.....												XXX.....	
7. 2020.....												XXX.....	
8. 2021.....												XXX.....	
9. 2022.....												XXX.....	
10. 2023.....												XXX.....	
11. 2024												XXX	
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2015.....											
3. 2016.....											
4. 2017.....											
5. 2018.....											
6. 2019.....											
7. 2020.....											
8. 2021.....											
9. 2022.....											
10. 2023.....											
11. 2024											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SCHEDULE P - PART 2D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

SCHEDULE I - PART 211 - SECTION I - OTHER LIABILITY - OCCURRENCE												
1. Prior...												
2. 2015...												
3. 2016...	XXX											
4. 2017...	XXX	XXX										
5. 2018...	XXX	XXX	XXX									
6. 2019...	XXX	XXX	XXX	XXX								
7. 2020...	XXX	XXX	XXX	XXX	XXX							
8. 2021...	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022...	XXX											
10. 2023...	XXX				XXX							
11. 2024	XXX		XXX	XXX								

SCHEDULE F P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE												
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX											
10. 2023.....	XXX				XXX							
11. 2024.....	XXX		XXX	XXX								

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
**SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX											
10. 2023.....	XXX				XXX							
11. 2024	XXX		XXX	XXX								
										12. Totals		

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX											
10. 2023.....	XXX				XXX							
11. 2024	XXX		XXX	XXX								
										12. Totals		

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XX							
8. 2021.....	XXX	XXX	XXX	XXX	XX	XX						
9. 2022.....	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2023.....	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

NONE

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XX							
8. 2021.....	XXX	XXX	XXX	XXX	XX	XX						
9. 2022.....	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2023.....	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

NONE

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property
N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability
N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines
N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence
N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made
N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty
N O N E

Schedule P - Part 2T - Warranty
N O N E

Schedule P - Part 2U - Pet Insurance Plans
N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....000.....												
2. 2015.....											21	10
3. 2016.....XXX.....											13	9
4. 2017.....XXX.....XXX.....											9	5
5. 2018.....XXX.....XXX.....XXX.....											15	3
6. 2019.....XXX.....XXX.....XXX.....XXX.....											17	4
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....											16	14
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											42	15
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											32	21
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											13	15
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											7	5

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....000.....												
2. 2015.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....000.....											220	63
2. 2015.....											525	393
3. 2016.....XXX.....											577	468
4. 2017.....XXX.....XXX.....											650	497
5. 2018.....XXX.....XXX.....XXX.....											548	387
6. 2019.....XXX.....XXX.....XXX.....XXX.....											580	406
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....											367	278
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											457	369
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											326	294
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											162	153
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											22	20

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
 (EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....000.....											1	1
2. 2015.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....											10	1
6. 2019.....XXX.....XXX.....XXX.....XXX.....											2	2
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												2
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....000.....											76	50
2. 2015.....											129	112
3. 2016.....XXX.....											126	120
4. 2017.....XXX.....XXX.....											144	113
5. 2018.....XXX.....XXX.....XXX.....											171	156
6. 2019.....XXX.....XXX.....XXX.....XXX.....											135	150
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....											68	125
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											96	87
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											73	74
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											59	69
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											15	21

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....000.....												
2. 2015.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....000.....												
2. 2015.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....000.....												
2. 2015.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....000.....												
2. 2015.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....000.....												
2. 2015.....												
3. 2016.....XXX.....												
4. 2017.....XXX.....XXX.....												
5. 2018.....XXX.....XXX.....XXX.....												
6. 2019.....XXX.....XXX.....XXX.....XXX.....												
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....												
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....												

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....	000.....										XXX.....	.XXX.....
2. 2015.....											XXX.....	.XXX.....
3. 2016.....	XXX.....										XXX.....	.XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	.XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	.XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	.XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	.XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	.XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	.XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	.XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	000.....										5.....	2.....
2. 2015.....											454.....	204.....
3. 2016.....	XXX.....										388.....	197.....
4. 2017.....	XXX.....	XXX.....									460.....	241.....
5. 2018.....	XXX.....	XXX.....	XXX.....								381.....	199.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							319.....	221.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						251.....	155.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					309.....	187.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				232.....	134.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			135.....	65.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			18.....	12.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	000.....										XXX.....	.XXX.....
2. 2015.....											XXX.....	.XXX.....
3. 2016.....	XXX.....										XXX.....	.XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	.XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	.XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	.XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....						XXX.....	.XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XXX.....					XXX.....	.XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XXX.....	XX.....				XXX.....	.XXX.....
10. 2023.....	XXX.....			XXX.....	.XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	000.....										XXX.....	.XXX.....
2. 2015.....											XXX.....	.XXX.....
3. 2016.....	XXX.....										XXX.....	.XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	.XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	.XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	.XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....						XXX.....	.XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XXX.....				XXX.....	.XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XXX.....	XX.....	XX.....			XXX.....	.XXX.....
10. 2023.....	XXX.....			XXX.....	.XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	000.....										XXX.....	.XXX.....
2. 2015.....											XXX.....	.XXX.....
3. 2016.....	XXX.....										XXX.....	.XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	.XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	.XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	.XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....						XXX.....	.XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XXX.....				XXX.....	.XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....			XXX.....	.XXX.....
10. 2023.....	XXX.....			XXX.....	.XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	.XXX.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE P - PART 3N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....000.....											XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....XXX.....											XXX.....	XXX.....
4. 2017.....XXX.....XXX.....											XXX.....	XXX.....
5. 2018.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
6. 2019.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....

**SCHEDULE P - PART 3O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior.....000.....											XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....XXX.....											XXX.....	XXX.....
4. 2017.....XXX.....XXX.....											XXX.....	XXX.....
5. 2018.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
6. 2019.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....

**SCHEDULE P - PART 3P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior.....000.....											XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....XXX.....											XXX.....	XXX.....
4. 2017.....XXX.....XXX.....											XXX.....	XXX.....
5. 2018.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
6. 2019.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
7. 2020.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
8. 2021.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
9. 2022.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
10. 2023.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....
11. 2024.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....											XXX.....	XXX.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....	000.....										72	24
2. 2015.....											2	1
3. 2016.....	XXX.....										6	3
4. 2017.....	XXX.....	XXX.....									7	2
5. 2018.....	XXX.....	XXX.....	XXX.....								5	1
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							7	3
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						5	2
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					4	4
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				6	15
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			4	15
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		4	2

SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....	000.....											1
2. 2015.....												
3. 2016.....	XXX.....											
4. 2017.....	XXX.....	XXX.....										
5. 2018.....	XXX.....	XXX.....	XXX.....									
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2022.....	XXX.....											
10. 2023.....	XXX.....											
11. 2024	XXX	XXX										

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	000.....											XXX.....
2. 2015.....												XXX.....
3. 2016.....	XXX.....											XXX.....
4. 2017.....	XXX.....	XXX.....										XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....									XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....
9. 2022.....	XXX.....					XXX.....						
10. 2023.....	XXX.....				XXX.....							
11. 2024	XXX	XXX			XXX							

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	000.....											
2. 2015.....												
3. 2016.....	XXX.....											
4. 2017.....	XXX.....	XXX.....										
5. 2018.....	XXX.....	XXX.....	XXX.....									
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2022.....	XXX.....											
10. 2023.....	XXX.....											
11. 2024	XXX	XXX										

SCHEDULE P - PART 3U - PET INSURANCE PLANS

1. Prior.....	000.....											XXX.....
2. 2015.....												XXX.....
3. 2016.....	XXX.....											XXX.....
4. 2017.....	XXX.....	XXX.....										XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....									XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....
9. 2022.....	XXX.....					XXX.....						
10. 2023.....	XXX.....				XXX.....							
11. 2024	XXX	XXX			XXX							

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....									
10. 2023.....	XXX.....									
11. 2024.....	XXX.....									

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....									
10. 2023.....	XXX.....									
11. 2024.....	XXX.....									

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....									
10. 2023.....	XXX.....									
11. 2024.....	XXX.....									

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....									
10. 2023.....	XXX.....									
11. 2024.....	XXX.....									

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XX.....							
6. 2019.....	XXX.....	XXX.....	XX.....	XX.....						
7. 2020.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XX.....	XX.....	XX.....					
8. 2021.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
9. 2022.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....	XX.....	XX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE

**SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)**

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....									
10. 2023.....	XXX.....									
11. 2024.....	XXX.....									

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....									
10. 2023.....	XXX.....									
11. 2024.....	XXX.....									

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....									
10. 2023.....	XXX.....									
11. 2024.....	XXX.....									

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
**SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX	XXX						
6. 2019	XXX	XXX	XXX	XXX	XXX					
7. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX									
10. 2023	XXX									
11. 2024	XXX									

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX									
10. 2023	XXX									
11. 2024	XXX									

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX									
10. 2023	XXX									
11. 2024	XXX									

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX									
10. 2023	XXX									
11. 2024	XXX									

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property
N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability
N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines
N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence
N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made
N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty
N O N E

Schedule P - Part 4T - Warranty
N O N E

Schedule P - Part 4U - Pet Insurance Plans
N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	3									
2. 2015.....	18	20	21	21	21	21	21	21	21	21
3. 2016.....	XXX	13	13	13	13	13	13	13	13	13
4. 2017.....	XXX	XXX	6	8	9	9	9	9	9	9
5. 2018.....	XXX	XXX	XXX	12	15	15	15	15	15	15
6. 2019.....	XXX	XXX	XXX	XXX	12	16	17	17	17	17
7. 2020.....	XXX	XXX	XXX	XXX	XXX	9	15	16	16	16
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	28	42	42	42
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	32	32
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	13
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	29	29	29	29		29	29	29	29	29
2. 2015.....	4	1								
3. 2016.....	XXX	2								
4. 2017.....	XXX	XXX	3	1	(1)					
5. 2018.....	XXX	XXX	XXX	5						
6. 2019.....	XXX	XXX	XXX	XXX	(1)	1				
7. 2020.....	XXX	XXX	XXX	XXX	XXX	9	1	1		
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	11			
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	1	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	5									
2. 2015.....	30	31	31	31	31	31	31	31	31	31
3. 2016.....	XXX	21	22	22	22	22	22	22	22	22
4. 2017.....	XXX	XXX	11	14	13	14	14	14	14	14
5. 2018.....	XXX	XXX	XXX	18	18	18	18	18	18	18
6. 2019.....	XXX	XXX	XXX	XXX	13	21	21	21	21	21
7. 2020.....	XXX	XXX	XXX	XXX	XXX	25	29	30	30	30
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	46	57	57	57
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	54	53
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	29
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	335	125	59	22	7	3	2	1		1
2. 2015	272	442	478	503	520	524	525	525	525	525
3. 2016	XXX	255	472	529	562	574	575	576	576	577
4. 2017	XXX	XXX	323	519	586	614	635	646	650	650
5. 2018	XXX	XXX	XXX	277	455	507	524	539	548	548
6. 2019	XXX	XXX	XXX	XXX	302	480	535	556	573	580
7. 2020	XXX	XXX	XXX	XXX	XXX	183	308	340	359	367
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	217	377	432	457
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	172	294	326
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110	162
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	1,752	1,658	1,617	1,601		1,597	1,595	1,595	1,595	1,595
2. 2015	309	73	36	11	(1)					
3. 2016	XXX	391	82	29	(1)		2		2	
4. 2017	XXX	XXX	373	92	(5)	26	10	2		
5. 2018	XXX	XXX	XXX	316	(5)	28	14	7		
6. 2019	XXX	XXX	XXX	XXX	18	86	30	15	4	2
7. 2020	XXX	XXX	XXX	XXX	XXX	238	58	28	7	4
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	295	71	26	9
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	218	58	24
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	107	32
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	154	.76	25	11	4	6	1	1		1
2. 2015	790	876	898	907	912	917	918	918	918	918
3. 2016	XXX	885	987	1,017	1,025	1,039	1,043	1,044	1,046	1,045
4. 2017	XXX	XXX	981	1,067	1,061	1,132	1,141	1,145	1,147	1,147
5. 2018	XXX	XXX	XXX	798	807	916	924	933	935	935
6. 2019	XXX	XXX	XXX	XXX	538	927	952	969	983	988
7. 2020	XXX	XXX	XXX	XXX	XXX	571	620	640	642	649
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	733	800	825	835
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	573	632	644
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	311	347
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										1
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....	2	5	10	10	10	10	10
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	2	2	2	2	2	2
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	134	134	134	134	134	134	4	3	2	2
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....	22	5	109				
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....		9				
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4				
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....	25	11	120	11	11	11	11
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	4	13	4	4	4	4
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	6	2	2	2	2
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	74	40	16	5	7	2	3	1	1	1
2. 2015	71	105	119	124	126	128	128	128	129	129
3. 2016	XXX	62	92	104	111	118	123	125	125	126
4. 2017	XXX	XXX	64	104	123	131	139	143	144	144
5. 2018	XXX	XXX	XXX	83	120	145	156	166	168	171
6. 2019	XXX	XXX	XXX	XXX	54	97	109	116	131	135
7. 2020	XXX	XXX	XXX	XXX	XXX	26	59	64	67	68
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	50	79	86	96
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	63	73
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	59
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	426	388	369	366		367	363	364	364	365
2. 2015	78	26	11	5		1			1	
3. 2016	XXX	64	20	21	(1)	4	2			
4. 2017	XXX	XXX	83	29		12	5	1	1	
5. 2018	XXX	XXX	XXX	102	(1)	25	12	5	4	2
6. 2019	XXX	XXX	XXX	XXX		32	24	16	6	2
7. 2020	XXX	XXX	XXX	XXX	XXX	65	14	9	5	6
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	51	17	12	10
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44	22	41
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	31
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	78	24	11	2	6	11	3	2	3	2
2. 2015	193	224	232	236	236	239	239	240	242	241
3. 2016	XXX	175	207	230	222	239	242	244	245	246
4. 2017	XXX	XXX	192	227	229	254	255	257	258	257
5. 2018	XXX	XXX	XXX	241	242	310	319	325	328	329
6. 2019	XXX	XXX	XXX	XXX	117	247	271	277	287	287
7. 2020	XXX	XXX	XXX	XXX	XXX	166	182	192	196	199
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	142	171	183	193
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	123	154	188
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	159
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	71

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	2									
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XX.....							
6. 2019.....	XXX.....	XXX.....	XX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	4									
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	113	.77	56	55	22	8	5	7	8	3
2. 2015	28	.63	96	143	199	214	220	224	230	231
3. 2016	XXX	20	.38	76	138	171	183	205	213	220
4. 2017	XXX	XXX	.27	53	108	152	189	219	231	242
5. 2018	XXX	XXX	XXX	19	50	84	118	166	199	217
6. 2019	XXX	XXX	XXX	XXX	.17	46	67	104	151	167
7. 2020	XXX	XXX	XXX	XXX	XXX	16	34	.52	74	89
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	11	.35	56	.75
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.21	49	.68
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	.42
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	1,939	1,914	1,852	1,814	(1)	1,790	1,783	1,782	1,784	1,781
2. 2015	71	90	110	72	3	24	6	7	3	1
3. 2016	XXX	.75	.97	90	(4)	58	16	.18	7	5
4. 2017	XXX	XXX	.70	85	(1)	97	36	19	11	3
5. 2018	XXX	XXX	XXX	55	3	118	68	.35	17	9
6. 2019	XXX	XXX	XXX	XXX	3	75	64	.58	19	11
7. 2020	XXX	XXX	XXX	XXX	XXX	35	.33	.40	27	11
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	74	.43	28	9
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.98	39	.36
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	.25
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	119	103	.62	58	5	30	6	.12	15	2
2. 2015	120	.217	307	350	375	422	427	440	.446	451
3. 2016	XXX	114	194	272	273	386	373	411	.414	422
4. 2017	XXX	XXX	124	196	189	374	378	426	.434	442
5. 2018	XXX	XXX	XXX	98	96	267	.282	340	.371	.382
6. 2019	XXX	XXX	XXX	XXX	46	182	213	.277	302	.319
7. 2020	XXX	XXX	XXX	XXX	XXX	70	100	140	.164	.172
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	102	.149	.174	.182
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.153	.196	.221
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	.118
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	205	126	52	26	9	4	3		1	
2. 2015	42	142	195	205	215	217	217	218	218	218
3. 2016	XXX	40	128	167	188	190	192	193	193	193
4. 2017	XXX	XXX	46	130	169	178	184	190	191	192
5. 2018	XXX	XXX	XXX	53	173	217	233	244	247	249
6. 2019	XXX	XXX	XXX	XXX	62	194	246	265	272	273
7. 2020	XXX	XXX	XXX	XXX	XXX	103	191	238	256	262
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	67	156	211	241
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44	152	205
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	144
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	728	644	616	606		598	597	597	598	597
2. 2015	96	56	12	6	1	1	1			
3. 2016	XXX	86	57	22	1		1		1	
4. 2017	XXX	XXX	94	52	(1)	1	4	1		
5. 2018	XXX	XXX	XXX	101	(8)	28	8	3	1	
6. 2019	XXX	XXX	XXX	XXX	(3)	66	22	7	2	2
7. 2020	XXX	XXX	XXX	XXX	XXX	128	54	16	6	2
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	94	67	21	5
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110	59	34
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105	97
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	285	108	38	27	5	6	2	1	2	(1)
2. 2015	160	269	297	311	320	322	323	323	323	323
3. 2016	XXX	142	244	268	279	283	286	288	289	288
4. 2017	XXX	XXX	149	234	238	254	266	272	274	275
5. 2018	XXX	XXX	XXX	173	220	315	321	327	329	330
6. 2019	XXX	XXX	XXX	XXX	74	298	326	338	344	346
7. 2020	XXX	XXX	XXX	XXX	XXX	248	307	334	350	355
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	174	281	314	343
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	170	276	320
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146	289
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	198

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	32	28	21	12	7	1		1	1	1
2. 2015		1	1	1	1	1	1	1	1	2
3. 2016	XXX	2	3	5	6	6	6	6	6	6
4. 2017	XXX	XXX	1	5	5	5	6	6	7	7
5. 2018	XXX	XXX	XXX	2	2	3	4	5	5	5
6. 2019	XXX	XXX	XXX	XXX	1	4	7	7	7	7
7. 2020	XXX	XXX	XXX	XXX	XXX	2	4	4	4	5
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	2	3	4	4
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	6	
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	4	
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	72	57	48	39	(2)	37	37	36	35	37
2. 2015	1									
3. 2016	XXX	4	2							
4. 2017	XXX	XXX	4			2			1	1
5. 2018	XXX	XXX	XXX	1		1	1	2		
6. 2019	XXX	XXX	XXX	XXX		3				
7. 2020	XXX	XXX	XXX	XXX	XXX	2		1	3	1
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	3	3	2	
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	4	2
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	2
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior	39	6	8	3	3	2		1		3
2. 2015	1	2	2	2	2	2	2	2	2	3
3. 2016	XXX	6	6	7	9	9	9	9	9	9
4. 2017	XXX	XXX	6	7	7	9	8	8	10	10
5. 2018	XXX	XXX	XXX	3	2	4	5	7	6	6
6. 2019	XXX	XXX	XXX	XXX	2	9	9	9	9	10
7. 2020	XXX	XXX	XXX	XXX	XXX	5	5	7	9	8
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	4	6	7	8
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	21	23
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	21
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	2	1								
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	1									
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....	2									
2. 2015.....										
3. 2016.....	XXX.....									
4. 2017.....	XXX.....	XXX.....								
5. 2018.....	XXX.....	XXX.....	XXX.....							
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 5T - WARRANTY**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XXX						
7. 2020	XXX	XXX	XXX	XXX	XXX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....	34,527	34,527	34,527	34,527	34,527	34,527	34,527	34,527	34,527	34,527	
3. 2016.....	XXX	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	
4. 2017.....	XXX	XXX	40,889	40,889	40,889	40,889	40,889	40,889	40,889	40,889	
5. 2018.....	XXX	XXX	XXX	38,830	38,830	38,830	38,830	38,830	38,830	38,830	
6. 2019.....	XXX	XXX	XXX	XXX	44,395	44,395	44,395	44,395	44,395	44,395	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	44,124	44,124	44,124	44,124	44,124	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	52,725	52,725	52,725	52,725	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,935	45,935	45,935	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,211	27,211	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,737	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,737
13. Earned Premiums (Sch P-Pt. 1)	34,527	37,062	40,889	38,830	44,395	44,124	52,725	45,935	27,211	5,737	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....	34,527	34,527	34,527	34,527	34,527	34,527	34,527	34,527	34,527	34,527	
3. 2016.....	XXX	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	
4. 2017.....	XXX	XXX	40,889	40,889	40,889	40,889	40,889	40,889	40,889	40,889	
5. 2018.....	XXX	XXX	XXX	38,830	38,830	38,830	38,830	38,830	38,830	38,830	
6. 2019.....	XXX	XXX	XXX	XXX	44,395	44,395	44,395	44,395	44,395	44,395	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	44,124	44,124	44,124	44,124	44,124	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	52,725	52,725	52,725	52,725	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,935	45,935	45,935	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,211	27,211	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,737	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,737
13. Earned Premiums (Sch P-Pt. 1)	34,527	37,062	40,889	38,830	44,395	44,124	52,725	45,935	27,211	5,737	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	XXX	89	89	89	89	89	89	89	
6. 2019.....	XXX	XXX	XXX	XXX	132	132	132	132	132	132	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	9	9	9	9	9	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX					
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)				89	132	9	(1)				XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	XXX	89	89	89	89	89	89	89	
6. 2019.....	XXX	XXX	XXX	XXX	132	132	132	132	132	132	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	9	9	9	9	9	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX					
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)				89	132	9	(1)				XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....	14,808	14,808	14,808	14,808	14,808	14,808	14,808	14,808	14,808	14,808	
3. 2016.....	XXX	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	
4. 2017.....	XXX	XXX	16,405	16,405	16,405	16,405	16,405	16,405	16,405	16,405	
5. 2018.....	XXX	XXX	XXX	17,047	17,047	17,047	17,047	17,047	17,047	17,047	
6. 2019.....	XXX	XXX	XXX	XXX	18,676	18,676	18,676	18,676	18,676	18,676	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	17,698	17,698	17,698	17,698	17,698	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	15,517	15,517	15,517	15,517	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,938	16,938	16,938	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,557	16,557	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,227	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,227
13. Earned Premiums (Sch P-Pt. 1)	14,808	16,069	16,405	17,047	18,676	17,698	15,517	16,938	16,557	10,227	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....	14,808	14,808	14,808	14,808	14,808	14,808	14,808	14,808	14,808	14,808	
3. 2016.....	XXX	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	
4. 2017.....	XXX	XXX	16,405	16,405	16,405	16,405	16,405	16,405	16,405	16,405	
5. 2018.....	XXX	XXX	XXX	17,047	17,047	17,047	17,047	17,047	17,047	17,047	
6. 2019.....	XXX	XXX	XXX	XXX	18,676	18,676	18,676	18,676	18,676	18,676	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	17,698	17,698	17,698	17,698	17,698	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	15,517	15,517	15,517	15,517	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,938	16,938	16,938	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,557	16,557	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,227	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,227
13. Earned Premiums (Sch P-Pt. 1)	14,808	16,069	16,405	17,047	18,676	17,698	15,517	16,938	16,557	10,227	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....	54,469	54,469	54,469	54,469	54,469	54,469	54,469	54,469	54,469	54,469	
3. 2016.....	XXX	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	
4. 2017.....	XXX	XXX	60,603	60,603	60,603	60,603	60,603	60,603	60,603	60,603	
5. 2018.....	XXX	XXX	XXX	50,719	50,719	50,719	50,719	50,719	50,719	50,719	
6. 2019.....	XXX	XXX	XXX	XXX	46,796	46,796	46,796	46,796	46,796	46,796	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	40,404	40,404	40,404	40,404	40,404	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	29,495	29,495	29,495	29,495	29,495	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	23,642	23,642	23,642	23,642	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,991	22,991	22,991	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,661	24,661	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,661
13. Earned Premiums (Sch P-Pt. 1)	54,469	69,060	60,603	50,719	46,796	40,404	29,495	23,642	22,991	24,661	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....	54,469	54,469	54,469	54,469	54,469	54,469	54,469	54,469	54,469	54,469	
3. 2016.....	XXX	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	
4. 2017.....	XXX	XXX	60,603	60,603	60,603	60,603	60,603	60,603	60,603	60,603	
5. 2018.....	XXX	XXX	XXX	50,719	50,719	50,719	50,719	50,719	50,719	50,719	
6. 2019.....	XXX	XXX	XXX	XXX	46,796	46,796	46,796	46,796	46,796	46,796	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	40,404	40,404	40,404	40,404	40,404	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	29,495	29,495	29,495	29,495	29,495	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	23,642	23,642	23,642	23,642	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,991	22,991	22,991	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,661	24,661	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,661
13. Earned Premiums (Sch P-Pt. 1)	54,469	69,060	60,603	50,719	46,796	40,404	29,495	23,642	22,991	24,661	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	
2. 2015.....	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	
3. 2016.....	XXX	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	
4. 2017.....	XXX	XXX	116,744	116,744	116,744	116,744	116,744	116,744	116,744	116,744	
5. 2018.....	XXX	XXX	XXX	118,601	118,601	118,601	118,601	118,601	118,601	118,601	
6. 2019.....	XXX	XXX	XXX	XXX	116,367	116,367	116,367	116,367	116,367	116,367	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	129,165	129,165	129,165	129,165	129,165	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	169,374	169,374	169,374	169,374	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200,514	200,514	200,514	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	195,299	195,299	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173,805	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173,805
13. Earned Premiums (Sch P-Pt. 1)	108,988	115,523	116,744	118,601	116,367	129,165	169,374	200,514	195,299	173,805	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	
2. 2015.....	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	108,988	
3. 2016.....	XXX	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	
4. 2017.....	XXX	XXX	116,744	116,744	116,744	116,744	116,744	116,744	116,744	116,744	
5. 2018.....	XXX	XXX	XXX	118,601	118,601	118,601	118,601	118,601	118,601	118,601	
6. 2019.....	XXX	XXX	XXX	XXX	116,367	116,367	116,367	116,367	116,367	116,367	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	129,165	129,165	129,165	129,165	129,165	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	169,374	169,374	169,374	169,374	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200,514	200,514	200,514	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	195,299	195,299	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173,805	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173,805
13. Earned Premiums (Sch P-Pt. 1)	108,988	115,523	116,744	118,601	116,367	129,165	169,374	200,514	195,299	173,805	XXX

SCHEDULE P - PART 6M - INTERNATIONAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	X	XXX							
6. 2019.....	XXX	XXX	X	XXX	X						
7. 2020.....	XXX	XXX	X	XXX	X	X					
8. 2021.....	XXX	XXX	X	XXX	X	X					
9. 2022.....	XXX	XXX	X	XXX	X	X					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	X	XXX							
6. 2019.....	XXX	XXX	X	XXX	X						
7. 2020.....	XXX	XXX	X	XXX	X	X					
8. 2021.....	XXX	XXX	X	XXX	X	X					
9. 2022.....	XXX	XXX	X	XXX	X	X					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6O - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	X	XXX							
6. 2019.....	XXX	XXX	X	XXX	X						
7. 2020.....	XXX	XXX	X	XXX	X	X					
8. 2021.....	XXX	XXX	X	XXX	X	X					
9. 2022.....	XXX	XXX	X	XXX	X	X					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	X	XXX							
6. 2019.....	XXX	XXX	X	XXX	X						
7. 2020.....	XXX	XXX	X	XXX	X	X					
8. 2021.....	XXX	XXX	X	XXX	X	X					
9. 2022.....	XXX	XXX	X	XXX	X	X					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....	347	347	347	347	347	347	347	347	347	347	
3. 2016.....	XXX	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	
4. 2017.....	XXX	XXX	704	704	704	704	704	704	704	704	
5. 2018.....	XXX	XXX	XXX	189	189	189	189	189	189	189	
6. 2019.....	XXX	XXX	XXX	XXX	192	192	192	192	192	192	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	228	228	228	228	228	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	529	529	529	529	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	1,249	1,249	1,249	1,249	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,106	1,106	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,419	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,419
13. Earned Premiums (Sch P-Pt. 1)		347	1,122	704	189	192	228	529	1,249	1,106	1,419
											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....	347	347	347	347	347	347	347	347	347	347	
3. 2016.....	XXX	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	
4. 2017.....	XXX	XXX	704	704	704	704	704	704	704	704	
5. 2018.....	XXX	XXX	XXX	189	189	189	189	189	189	189	
6. 2019.....	XXX	XXX	XXX	XXX	192	192	192	192	192	192	
7. 2020.....	XXX	XXX	XXX	XXX	XXX	228	228	228	228	228	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	529	529	529	529	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	1,249	1,249	1,249	1,249	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,106	1,106	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,419	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,419
13. Earned Premiums (Sch P-Pt. 1)		347	1,122	704	189	192	228	529	1,249	1,106	1,419
											XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	XXX								
6. 2019.....	XXX	XXX	XXX	XXX							
7. 2020.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	351	351	351	351	351	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	483	483	483	483	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	409	409	409	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424
13. Earned Premiums (Sch P-Pt. 1)						7	351	483	409	424	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX	XXX								
6. 2019.....	XXX	XXX	XXX	XXX							
7. 2020.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7	
8. 2021.....	XXX	XXX	XXX	XXX	XXX	351	351	351	351	351	
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	483	483	483	483	
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	409	409	409	
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424
13. Earned Premiums (Sch P-Pt. 1)						7	351	483	409	424	XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A []

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2015		
1.603 2016		
1.604 2017		
1.605 2018		
1.606 2019		
1.607 2020		
1.608 2021		
1.609 2022		
1.610 2023		
1.611 2024		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:

(in thousands of dollars)

5.1 Fidelity
 5.2 Surety

6. Claim count information is reported per claim or per claimant (Indicate which). per claim.....
 If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

7.2 (An extended statement may be attached.)

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Rela- tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percent- age	14 Ultimate Controlling Entity(es)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
.0140	Nationwide .....	.....	31-1486309	.....	.....	10 W. Nationwide, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	100 Green Meadows Drive, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	1000 Yard Street, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	1050 Yard Street, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	1055 Yard Street, LLC .....	.. OH....	NIA.....	GYY Residential, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	1125 Rail Street, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1733036	.....	.....	120 Acre Partners, LLC .....	.. DE....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	.95.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	125 Yard Street, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939867	.....	.....	1175 Bobcat, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	26-2451988	.....	.....	1492 Capital, LLC .....	.. OH....	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	111 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	155 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	161 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	170 Marconi, LLC .....	.. OH....	NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	38-4118665	.....	.....	220 Vine St., LLC .....	.. OH....	NIA.....	NID HP, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	245 Parks Edge Place, LLC .....	.. OH....	NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	275 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	280 High Street, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	300 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	310 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	343 N. Front, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	400 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	400 West Nationwide Boulevard, LLC .....	.. OH....	NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	410 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	425 West Nationwide Boulevard, LLC .....	.. OH....	NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	44 Chestnut, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	500 Neil Avenue, LLC .....	.. OH....	NIA.....	NID HP, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	515 Kilbourne Street, LLC .....	.. OH....	NIA.....	NID HP, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	87-1954007	.....	.....	525 Cleveland Avenue, LLC .....	.. OH....	NIA.....	Nationwide Financial Services, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	75 Rivulon Boulevard, LLC .....	.. OH....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	775 Yard Street, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	777 Swan Street, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	780 Yard Street, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	795 Rail Street, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	800 Bobcat Avenue, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	800 Goodale Boulevard, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	800 Yard Street, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	805 Bobcat Avenue, LLC .....	.. OH....	NIA.....	GYY Residential, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	808 Yard Street, LLC .....	.. OH....	NIA.....	GYY Residential, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	820 Goodale Boulevard, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	822 Williams Avenue, LLC .....	.. OH....	NIA.....	GYY Residential, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	825 Junction Way, LLC .....	.. OH....	NIA.....	GYY Residential, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	828 Bobcat Avenue, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	840 Third Avenue, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	840 Yard Street, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	845 Yard Street, LLC .....	.. OH....	NIA.....	GYY Residential, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	855 Third Avenue, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	860 Third Avenue, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	875 First Avenue, LLC .....	.. OH....	NIA.....	GYY Residential, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-centage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0140	Nationwide .....	.....	20-4939866	.....	.....	875 Junction Way, LLC .....	.. OH.... NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	20-4939866	.....	.....	880 Third Avenue, LLC .....	.. OH.... NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	20-4939866	.....	.....	880 Yard Street, LLC .....	.. OH.... NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	20-4939866	.....	.....	895 W. Third Avenue, LLC .....	.. OH.... NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	20-4939866	.....	.....	950 Dorchester Way, LLC .....	.. OH.... NIA.....	GVY Residential, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	20-4939866	.....	.....	950 Goodale Boulevard, LLC .....	.. OH.... NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	960 Bobcat Avenue, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	975 Rail Street, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	995 Yard Street, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	12062 Sycamore Trace, LLC .....	.. OH.... NIA.....	Jerome Village Company, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	18615 Claret Drive, LLC .....	.. OH.... NIA.....	NRI Cavasson, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	18655 Claret Drive, LLC .....	.. OH.... NIA.....	NRI Cavasson, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	18700 Hayden Road, LLC .....	.. OH.... NIA.....	NRI Cavasson, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	18750 Hayden Road, LLC .....	.. OH.... NIA.....	NRI Cavasson, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1580283	.....	.....	AD DORA, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1580283	.....	.....	ADTV, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	10127	27-0114983	.....	ALLIED Insurance Company of America .....	.. OH.... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	42579	42-1201931	.....	ALLIED Property and Casualty Insurance Company .....	.. IA.... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	.....	42-1527863	.....	ALLIED Texas Agency, Inc. .....	.. TX.... IA.....	AMCO Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	19100	42-6054959	.....	AMCO Insurance Company .....	.. IA.... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	.....	59-1031596	.....	American Marine Underwriters, Inc. .....	.. FL.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	81-4532504	.....	.....	American Tax Credit Fund 2017-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	82-2001573	.....	.....	American Tax Credit Fund 2017-B, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	82-4591498	.....	.....	American Tax Credit Fund 2018-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	83-0606592	.....	.....	American Tax Credit Fund 2018-B, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	83-0620232	.....	.....	American Tax Credit Fund 2018-C, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	83-3900932	.....	.....	American Tax Credit Fund 2019-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	83-3953721	.....	.....	American Tax Credit Fund 2019-B, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	84-3443067	.....	.....	American Tax Credit Fund 2020-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	85-2359702	.....	.....	American Tax Credit Fund 2020-B, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	85-2649655	.....	.....	American Tax Credit Fund 2021-A, LLC (fka American Tax Credit Fund 2020-C, LLC) .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	86-2502912	.....	.....	American Tax Credit Fund 2021-B, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	87-1349942	.....	.....	American Tax Credit Fund 2021-C, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	87-4753681	.....	.....	American Tax Credit Fund 2023-B, LLC (fka American Tax Credit Fund 2022-A, LLC) .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	87-4771309	.....	.....	American Tax Credit Fund 2022-B, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	92-1389304	.....	.....	American Tax Credit Fund 2023-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	99-0672884	.....	.....	American Tax Credit Fund 2024-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	1.....
.0140	Nationwide .....	.....	99-0698188	.....	.....	American Tax Credit Fund 2024-B, LLC .....	.. OH.... NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1580283	.....	.....	Arena District CA I, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.....	.....	.....	90-0280710	.....	.....	Arena District Owners Association .....	.. OH.... OTH.....	Other non-Nationwide	Other.....	0.000 ...	Other non-Nationwide .....	.....	NO.....	2.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	Cavasson Hotel, LLC .....	.. OH.... NIA.....	Cavasson Hotel Holdings, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	31-1486309	.....	.....	Cavasson Hotel Holdings, LLC .....	.. OH.... NIA.....	NRI Cavasson, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	20-1618232	.....	.....	CNRI-Cannonsport Condominium, LLC .....	.. OH.... NIA.....	CNRI-Cannonsport, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide .....	.....	20-1618232	.....	.....	CNRI-Cannonsport, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....
.0140	Nationwide	29262	74-1061659	.....	.....	Colonial County Mutual Insurance Company .....	.. TX.... IA.....	Other non-Nationwide	Other.....	0.000 ...	Other non-Nationwide .....	.....	NO.....	2.....
.0140	Nationwide	18961	68-0066866	.....	.....	Crestbrook Insurance Company .....	.. OH.... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	.....	NO.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0140	Nationwide		31-1486309			Crewville, Ltd. ....		.OH....	.NIA....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		84-5052608			Danforth, LLC .....		.OH....	.NIA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	42587	42-1207150			Depositors Insurance Company .....		.IA....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
			46-4104813			Discover Affordable Housing Investment Fund I LLC .....		.OH....	.OTH....	Other non-Nationwide	Other.....	0.000 ...	Other non-Nationwide .....	...NO....	2
.0140	Nationwide		33-0096671			DVM Insurance Agency .....		.CA....	.NIA....	Veterinary Pet Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	15821	47-4523959			Eagle Captive Reinsurance, LLC .....		.OH....	.IA....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		26-3260559			E-Risk Services, L.L.C. ....		.DE....	.NIA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	22209	75-6013587			Freedom Specialty Insurance Company .....		.OH....	.IA....	Scottsdale Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		20-4939866			Grandview Yard Hotel Holdings, LLC .....		.OH....	.NIA....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		20-4939866			Grandview Yard Hotel, LLC .....		.OH....	.NIA....	Grandview Yard Hotel Holdings, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		20-4939866			GVY Residential, LLC .....		.OH....	.NIA....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	23582	41-0417250			Harleysville Insurance Company .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
						Harleysville Insurance Company of New Jersey .....		.NJ....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	42900	23-2253669												
.0140	Nationwide	10674	23-2864924			Harleysville Insurance Company of New York .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	35696	23-2384978			Harleysville Preferred Insurance Company .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	26182	04-1989660			Harleysville Worcester Insurance Company .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	64017	75-0300900			Jefferson National Life Insurance Company .....		.TX....	.IA....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	15727	47-1180302			Jefferson National Life Insurance Company of New York .....		.NY....	.IA....	Jefferson National Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		31-1486309			Jerome Village Company, LLC .....		.OH....	.NIA....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		74-1395229			Lone Star General Agency, Inc. ....		.TX....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	11991	38-0865250			National Casualty Company .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		42-1154244			National Casualty Company of America, Ltd. ....		.GBR....	.IA....	National Casualty Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		42-1154244			Nationwide Advantage Mortgage Company .....		.IA....	.NIA....	AMCO Insurance Company	Ownership.....	.87.300 ...	Nationwide Mutual Insurance Company ...	...YES....	
.0140	Nationwide		42-1154244			Nationwide Advantage Mortgage Company .....		.IA....	.NIA....	AMCO Insurance Company	Ownership.....	.8.470 ...	Nationwide Mutual Insurance Company ...	...YES....	
.0140	Nationwide		42-1154244			Nationwide Advantage Mortgage Company .....		.IA....	.NIA....	Depositors Insurance Company	Ownership.....	.4.230 ...	Nationwide Mutual Insurance Company ...	...YES....	
.0140	Nationwide	26093	48-0470690			Nationwide Affinity Insurance Company of America .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		47-1923444			Nationwide Agent Risk Purchasing Group, Inc. (fka On Your Side Nationwide Insurance Agency, Inc.) .....		.OH....	.NIA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	28223	42-1015537			Nationwide Agribusiness Insurance Company .....		.IA....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		31-1578869			Nationwide Arena, LLC .....		.OH....	.NIA....	NRI Arena, LLC	Ownership.....	.90.000 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		20-8670712			Nationwide Asset Management, LLC .....		.OH....	.NIA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	10723	95-0639970			Nationwide Assurance Company .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		31-1036287			Nationwide Cash Management Company .....		.OH....	.NIA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		31-4416546			Nationwide Corporation .....		.OH....	.NIA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...YES....	
.0140	Nationwide		31-1667326			Nationwide Financial Assignment Company .....		.OH....	.NIA....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		23-2412039			Nationwide Financial General Agency, Inc. ....		.PA....	.NIA....	NFS Distributors, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		31-6554353			Nationwide Financial Services Capital Trust .....		.DE....	.NIA....	Nationwide Financial Services, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		31-1486870			Nationwide Financial Services, Inc. ....		.DE....	.NIA....	Nationwide Corporation	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		52-6969857			Nationwide Fund Advisors .....		.DE....	.NIA....	Nationwide Financial Services, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		31-1748721			Nationwide Fund Distributors LLC .....		.DE....	.NIA....	NFS Distributors, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide		31-0900518			Nationwide Fund Management LLC .....		.DE....	.NIA....	NFS Distributors, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	23760	31-4425763			Nationwide General Insurance Company .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	10070	31-1399201			Nationwide Indemnity Company .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	
.0140	Nationwide	25453	95-2130882			Nationwide Insurance Company of America .....		.OH....	.IA....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	...NO....	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0140	Nationwide	10948 ...	31-1613686	.....	.....	Nationwide Insurance Company of Florida .....	.. OH....	.... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	41-2206199	.....	.....	.....	Nationwide Investment Advisors, LLC .....	.. OH....	.... NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	73-0988442	.....	.....	.....	Nationwide Investment Services Corporation .....	.. OK....	.... NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... YES.....	.....
.0140	Nationwide	92657 ...	31-1000740	.....	.....	Nationwide Life and Annuity Insurance Company .....	.. OH....	.... IA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	66869 ...	31-4156830	.....	.....	Nationwide Life Insurance Company .....	.. OH....	.... IA.....	Nationwide Financial Services, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	54-2113175	.....	.....	.....	Nationwide Life Tax Credit Partners 2003-A, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	58-2672725	.....	.....	.....	Nationwide Life Tax Credit Partners 2003-B, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	20-0382144	.....	.....	.....	Nationwide Life Tax Credit Partners 2004-A, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	20-1918935	.....	.....	.....	Nationwide Life Tax Credit Partners 2004-F, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	20-2303694	.....	.....	.....	Nationwide Life Tax Credit Partners 2005-A, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	20-2303602	.....	.....	.....	Nationwide Life Tax Credit Partners 2005-B, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	27-1362364	.....	.....	.....	Nationwide Life Tax Credit Partners 2009-I, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	42-1373380	.....	.....	.....	Nationwide Sales Solutions, Inc. (fka Nationwide Member Solutions Agency Inc.) .....	.. IA....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	75-3191025	.....	.....	.....	Nationwide Mutual Capital, LLC .....	.. OH....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	23787 ...	31-4177100	.....	.....	Nationwide Mutual Insurance Company .....	.. OH....	.... UP.....	Other non-Nationwide	Ownership.....	0.000 ...	Other non-Nationwide .....	... NO.....	.....
.0140	Nationwide	34-2012765	.....	.....	.....	Nationwide Private Equity Fund, LLC .....	.. OH....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	37877 ...	31-0970750	.....	.....	Nationwide Property and Casualty Insurance Company .....	.. OH....	.... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	31-1486309	.....	.....	.....	Nationwide Realty Investors, Ltd. ....	.. OH....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	97.120 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	31-1486309	.....	.....	.....	Nationwide Realty Investors, Ltd. ....	.. OH....	.... NIA.....	Nationwide Indemnity Company	Ownership.....	2.880 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	31-1486309	.....	.....	.....	Nationwide Realty Management, LLC .....	.. OH....	.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	73-0948330	.....	.....	.....	Nationwide Realty Services, Ltd. ....	.. OH....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	73-0948330	.....	.....	.....	Nationwide Retirement Solutions, Inc. ....	.. DE....	.... NIA.....	NFS Distributors, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	83-2250056	.....	.....	.....	Nationwide Life and Annuity Insurance	.....	.....	.....	.....	.....	.....	.....	.....
.0140	Nationwide	36-2434406	.....	.....	.....	Nationwide SBL, LLC .....	.. OH....	.... NIA.....	Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	46-1952215	.....	.....	.....	Nationwide Securities, LLC .....	.. OH....	.... NIA.....	NFS Distributors, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	46-1971926	.....	.....	.....	Nationwide Tax Credit Partners 2013-A, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	31-1592130	2729677	.....	.....	Nationwide Tax Credit Partners 2013-B, LLC .....	.. OH....	.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company ...	... NO.....	1
.0140	Nationwide	20-5976272	.....	.....	.....	Nationwide Trust Company, FSB .....	.. US....	.... NIA.....	Nationwide Financial Services, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	31-0871532	.....	.....	.....	Nationwide Ventures, LLC .....	.. OH....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	85-4193218	.....	.....	.....	NBS Insurance Agency, Inc. ....	.. OH....	.... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	11-3651828	.....	.....	.....	NCS Arizona, LLC .....	.. OH....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	31-1630871	.....	.....	.....	ND La Quinta Partners, LLC .....	.. DE....	.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	95.000 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	93-4557312	.....	.....	.....	NFS Distributors, Inc. ....	.. DE....	.... NIA.....	Nationwide Financial Services, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	82-5195340	.....	.....	.....	NLAIC REO Holdings, LLC .....	.. OH....	.... NIA.....	Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	82-5194959	.....	.....	.....	NLIC REO Holdings, LLC .....	.. OH....	.... NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	46-3762545	.....	.....	.....	NMIC REO Holdings, LLC .....	.. OH....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	20-4939866	.....	.....	.....	NQV8, LLC .....	.. OH....	.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	31-1486309	.....	.....	.....	North of Third, LLC .....	.. OH....	.... NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	31-1486309	.....	.....	.....	NRI Arena, LLC .....	.. OH....	.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....
.0140	Nationwide	31-1486309	.....	.....	.....	NRI Brookside, LLC .....	.. OH....	.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company ...	... NO.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0140	Nationwide		31-1486309			NRI Builders, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1486309			NRI Cavasson, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1486309			NRI Corporate Housing, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1486309			NRI Cramer Creek, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		20-4939866			NRI Equity Land Investments, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	80.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		26-0212217			NRI Equity Tampa, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1486309			NRI Office Ventures, Ltd .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NRI Telecom, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1486309			NRI-Rivulon, LLC .....	.. OH.... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		90-0729552			NTC1F-2011, LLC .....	.. OH.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		27-4700627			NTCP 2011-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		46-0714029			NTCP 2012-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		46-3309896			NTCP 2013-C, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		46-4111078			NTCP 2014-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		47-1404116			NTCP 2014-B, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		47-1413242			NTCP 2014-C, LLC .....	.. OH.... NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		47-3909345			NTCP 2015-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		47-4148470			NTCP 2015-B, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		81-3836925			NTCP 2016-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		82-2015065			NTCP 2017-A, LLC .....	.. OH.... OTH.....	Nationwide Life Insurance Company	Other.....	0.010 ...	Nationwide Mutual Insurance Company .....	... NO.....	1	
.0140	Nationwide		84-1969518			NIW Fyrebyrd, LLC .....	.. OH.... NIA.....	NNOV8, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		85-3363961			NIW Next, LLC .....	.. OH.... NIA.....	NNOV8, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		81-0936428			NIW Private Debt, LLC .....	.. OH.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		26-1903919			NIW REI, LLC .....	.. DE.... NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		92-1294202			NIW-Adams, LLC .....	.. OH.... NIA.....	NIW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		92-1294202			NIW-Aureum, LLC .....	.. OH.... NIA.....	NIW REI (NLIC), LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		92-2674633			NIW-Brandon LLC .....	.. OH.... NIA.....	NIW REI (NLIC), LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		87-0847675			NIW-Broadway at Surf, LLC .....	.. OH.... NIA.....	NMIC REO Holdings, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		88-2152576			NIW-Colfax, LLC .....	.. OH.... NIA.....	NIW REI (NLIC), LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		92-0292630			NIW-Conroe, LLC .....	.. OH.... NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		87-3648595			NIW-Corazon, LLC .....	.. OH.... NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		99-3065627			NIW-Denton, LLC .....	.. OH.... NIA.....	NIW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		86-3529884			NIW-Englewood, LLC .....	.. OH.... NIA.....	NIW REI (NLIC), LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		84-4388876			NIW-Escalante, LLC .....	.. OH.... NIA.....	NIW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		86-1538532			NIW-Escalante II, LLC .....	.. OH.... NIA.....	NIW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		92-3310594			NIW-FSU, LLC .....	.. OH.... NIA.....	NIW REI (NLIC), LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NIW-205 Vine, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 225 Nationwide, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 230 West, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 240 Nationwide, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 250 Brodbelt, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 250 West, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 265 Neil, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 275 Marconi, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 300 Neil, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 300 Spring, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 355 McConnell, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 425 Nationwide, LLC .....	.. OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO.....		
.0140	Nationwide		31-1580283			NID 500 Nationwide, LLC OH.... NIA.....	NID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company NO.....			

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SCHEDULE Y
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.0140	Nationwide	31-1580283	NIID Arena Crossing, LLC OH....	NIA.....	NIID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company NO		
.0140	Nationwide .....	.....	31-1580283	.....	.....	NIID Arena District I, LLC .....	.. OH....	NIA.....	NIID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	NIID Arena District II, LLC .....	.. OH....	NIA.....	NIID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	NIID Arena District MM, LLC .....	.. OH....	NIA.....	NIID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	NIID Arena District PW, LLC .....	.. OH....	NIA.....	NIID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	NIID Arena District V, LLC .....	.. OH....	NIA.....	NIID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	NIID Athletic Club, LLC .....	.. OH....	NIA.....	NIID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	88-2975730	.....	.....	NW-Boise, LLC .....	.. OH....	NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	NIID Brodbeck, LLC .....	.. OH....	NIA.....	NIID Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	30-0876022	.....	.....	NIID Franklinton, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	80.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-4118663	.....	.....	NIID HP, LLC .....	.. OH....	NIA.....	NIID Investments, LLC	Ownership.....	75.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1580283	.....	.....	NIID Investments, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	80.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	NIGH, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	75.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	87-3124154	.....	.....	NW-Gallatin, LLC .....	.. OH....	NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	92-2943602	.....	.....	NW-Holly Springs, LLC .....	.. OH....	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	86-2431839	.....	.....	NW-Hub13, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	92-3558072	.....	.....	NW-Huntersville, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	47-2482818	.....	.....	NW-Jasper WAG, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	87-3767006	.....	.....	NW-Kingsbury, LLC .....	.. OH....	NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	81-5146596	.....	.....	NW-Logan, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	87-1565013	.....	.....	NW-Midtown, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	88-2595124	.....	.....	NW-OG, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	83-2260477	.....	.....	NW-ORBD, LLC .....	.. OH....	NIA.....	NW REI (NMIC), LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	93-1728625	.....	.....	NW-Pleasant Prairie, LLC .....	.. OH....	NIA.....	NW REI (NLIC), LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	47-2449044	.....	.....	NW-Promenade at Madison, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	87-1367836	.....	.....	NW-Rancho, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	88-1405151	.....	.....	NW-Riverchase, LLC .....	.. OH....	NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	86-3702668	.....	.....	NW-RPG Cranberry, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	87-3273918	.....	.....	NW-San Marco, LLC .....	.. OH....	NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	87-3289289	.....	.....	NW-San Pablo, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	81-3212025	.....	.....	NW-Springfield, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	93-2022585	.....	.....	NW-Spring Hill, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	92-2878794	.....	.....	NW-SR-16, LLC .....	.. OH....	NIA.....	NW REI, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	92-0677233	.....	.....	NW-UNCC, LLC .....	.. OH....	NIA.....	NW REI (NLIC), LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	81-1603024	.....	.....	NW REI (NLAIC), LLC .....	.. OH....	NIA.....	Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	81-1619428	.....	.....	NW REI (NLIC), LLC .....	.. OH....	NIA.....	Nationwide Life Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	81-1861190	.....	.....	NW REI (NMIC), LLC .....	.. OH....	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-0947092	.....	.....	OCH Company, LLC .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.....	.....	.....	26-0263012	.....	.....	Old Track Street Owners Association, Inc. .....	.. OH....	OTH.....	Other non-Nationwide	Other.....	0.00 ...	Other non-Nationwide .....	... NO	2
.0140	Nationwide	13999	27-1712056	.....	.....	Olentangy Reinsurance, LLC .....	.. VT....	IA.....	Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	31-1486309	.....	.....	Perimeter A, Ltd. .....	.. OH....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	20-4939866	.....	.....	Rail Street Parking, LLC .....	.. OH....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	75-2938844	.....	.....	Registered Investment Advisors Services, Inc. .....	.. TX....	NIA.....	Nationwide Financial Services, Inc.	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide .....	.....	82-0549218	.....	.....	Retention Alternatives Ltd. .....	.. BMU....	IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide	15580	31-1117969	.....	.....	Scottsdale Indemnity Company .....	.. OH....	RE.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	
.0140	Nationwide	41297	31-1024978	.....	.....	Scottsdale Insurance Company .....	.. OH....	IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.00 ...	Nationwide Mutual Insurance Company .....	... NO	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi- ciliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
.0140	Nationwide	10672	86-0835870	.....	.....	Scottsdale Surplus Lines Insurance Company ..	.. AZ.....	..... IA.....	Scottsdale Insurance Company	Ownership.....	100.000 ..	Nationwide Mutual Insurance Company ..	... NO.....	.....
.0140	Nationwide .....	.....	31-1610040	.....	.....	The Waterfront Partners, LLC .....	.. OH.....	..... NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	.50.000 ..	Nationwide Mutual Insurance Company ..	... NO.....	.....
.0140	Nationwide	36269	86-0619597	.....	.....	Titan Insurance Company .....	.. MI.....	..... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000 ..	Nationwide Mutual Insurance Company ..	... NO.....	.....
.0140	Nationwide .....	.....	75-1284530	.....	.....	Titan Insurance Services, Inc. .....	.. TX.....	..... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000 ..	Nationwide Mutual Insurance Company ..	... NO.....	.....
.0140	Nationwide .....	.....	33-0160222	.....	.....	V.P.I. Services, Inc. .....	.. CA.....	..... IA.....	Veterinary Pet Insurance Company	Ownership.....	100.000 ..	Nationwide Mutual Insurance Company ..	... NO.....	.....
.0140	Nationwide	42285	95-3750113	.....	.....	Veterinary Pet Insurance Company .....	.. OH.....	..... IA.....	Scottsdale Insurance Company	Ownership.....	100.000 ..	Nationwide Mutual Insurance Company ..	... NO.....	.....
.0140	Nationwide	42889	34-1394913	.....	.....	Victoria Fire & Casualty Company .....	.. OH.....	..... IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000 ..	Nationwide Mutual Insurance Company ..	... NO.....	.....
.0140	Nationwide .....	.....	10105	34-1777972	.....	Victoria Select Insurance Company .....	.. OH.....	..... IA.....	Victoria Fire & Casualty Insurance Company	Ownership.....	100.000 ..	Nationwide Mutual Insurance Company ..	... NO.....	.....

Asterisk	Explanation
1	Nationwide retains management responsibility for these entities, despite a minority ownership stake.
2	Other ownership indicates a non-ownership circumstance by a Nationwide entity.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10127	27-0114983	Allied Insurance Company of America							*			132,422,915
42579	42-1201931	Allied Property & Casualty Insurance Company							*			529,938,897
19100	42-6054959	AMCO Insurance Company							*			764,152,957
29262	74-1061659	Colonial County Mutual Insurance Company							*			171,575,497
18961	68-0066866	Crestbrook Insurance Company							*			696,401,134
42587	42-1207150	Depositors Insurance Company							*			559,089,761
	33-0096671	DVM Insurance Agency, Inc		818,036							818,036	
15821	47-4523959	Eagle Captive Reinsurance, LLC	(684,000,000)								(684,000,000)	(4,027,854,973)
22209	75-6013587	Freedom Specialty Insurance Company							*			969,654,828
23582	41-0417250	Harleysville Insurance Company							*			487,739,436
42900	16-1075588	Harleysville Insurance Company of New Jersey							*			186,515,024
10674	23-2864924	Harleysville Insurance Company of New York							*			405,524,392
35696	23-2384978	Harleysville Preferred Insurance Company							*			180,553,547
26182	04-1989660	Harleysville Worcester Insurance Company							*			396,874,608
11991	38-0865250	National Casualty Company							*			2,363,269,380
26093	48-0470690	Nationwide Affinity Insurance Company of America							*			335,207,948
	14-1990660	Nationwide Affordable Housing Fund 33, LLC	5,001								5,001	
28223	42-1015537	Nationwide Agribusiness Insurance Company							*			982,871,083
	20-8670712	Nationwide Asset Management, LLC	(5,000,000)								(5,000,000)	
10723	95-0639970	Nationwide Assurance Company							*			391,806,461
	31-1486870	Nationwide Financial Services, Inc		(100,000,000)							(100,000,000)	
23760	31-4425763	Nationwide General Insurance Company							*			1,719,641,096
10070	31-1399201	Nationwide Indemnity Company							*			985,578,469
25453	95-2130882	Nationwide Insurance Company of America							*			1,572,726,430
10948	31-1613686	Nationwide Insurance Company of Florida							*			95,276,961
92657	31-1000740	Nationwide Life and Annuity Insurance Company		394,000,000							394,000,000	2,982,317,549
66869	31-4156830	Nationwide Life Insurance Company	684,000,000	(300,000,000)							384,000,000	1,045,537,424
	75-3191025	Nationwide Mutual Capital, LLC	109,550								109,550	
23787	31-4177100	Nationwide Mutual Insurance Company	1,915,643	(117,657,620)					*		(115,741,977)	(21,312,466,463)
	34-2012765	Nationwide Private Equity Fund, LLC	155,028	10,360							165,388	
37877	31-0970750	Nationwide Property & Casualty Insurance Company		8,298,891					*		8,298,891	1,277,341,983
	31-1486309	Nationwide Realty Investors		19,032,000							19,032,000	
83-2250056		Nationwide SBL, LLC		6,000,000							6,000,000	
	20-5976272	Nationwide Ventures, LLC		7,475,712							7,475,712	
	85-4193218	NCS Arizona, LLC		2,200,000							2,200,000	
	82-5194959	NMIC REO Holdings, LLC		357,000							357,000	
46-3762545		NNOV8, LLC		38,500,000							38,500,000	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....	26-1903919	NW REI, LLC		41,783,657							41,783,657	
.....	82-4282099	OYS Fund, LLC	749,778								749,778	
.....	20-1169305	Prisma Polyphony Fund, LLC	2,065,000								2,065,000	
....15580	31-1117969	Scottsdale Indemnity Company .....										.554,660,756
....41297	31-1024978	Scottsdale Insurance Company							*			5,318,400,771
....10672	86-0835870	Scottsdale Surplus Lines Insurance Company										79,306,381
....36269	86-0619597	Titan Insurance Company										(11,479)
....42285	95-3750113	Veterinary Pet Insurance Company		(818,036)					*			153,865,640
....42889	34-1394913	Victoria Fire & Casualty Company							*			1,768,723
....10105	34-1777972	Victoria Select Insurance Company										312,864
9999999 Control Totals									XXX			

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 5 Over Column 6 (Yes/No)	8 Granted Disclaimer of Control Affiliation of Column 5 Over Column 6 (Yes/No)
Allied Insurance Company of America	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Allied Property & Casualty Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
AMCO Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Colonial County Mutual Insurance Company	Lone Star General Agency, Inc.	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Crestbrook Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Depositors Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Eagle Captive Reinsurance, LLC	Nationwide Life Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Freedom Specialty Insurance Company	Scottsdale Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Harleysville Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Harleysville Insurance Company of New Jersey	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Harleysville Insurance Company of New York	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Harleysville Preferred Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Harleysville Worcester Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Jefferson National Life Insurance Company	Nationwide Life Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Jefferson National Life Insurance Company of New York	Jefferson National Life Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
National Casualty Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Affinity Insurance Company of America	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Agribusiness Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Assurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide General Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Indemnity Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Insurance Company of America	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Insurance Company of Florida	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Life and Annuity Insurance Company	Nationwide Life Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Life Insurance Company	Nationwide Financial Services, Inc.	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Nationwide Mutual Insurance Company	n/a .....	.....	.....	Nationwide Mutual Insurance Company	Nationwide .....	.....	.....NO.....
Nationwide Property & Casualty Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Olentangy Reinsurance, LLC	Nationwide Life and Annuity Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Scottsdale Indemnity Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Scottsdale Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Scottsdale Surplus Lines Insurance Company	Scottsdale Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Titan Insurance Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Veterinary Pet Insurance Company	Scottsdale Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Victoria Fire & Casualty Company	Nationwide Mutual Insurance Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....
Victoria Select Insurance Company	Victoria Fire & Casualty Company	100.000	.....NO.....	Nationwide Mutual Insurance Company	Nationwide	100.000	.....NO.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....	NO
12.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....	NO
14.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....	NO
15.	Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....	YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....	NO
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	YES
24.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	.....	NO
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	.....	YES
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	.....	NO

APRIL FILING

30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	YES
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING Commission to file

38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 17? YES

Explanations:

11. 12. 13. 14. 15. 16. 17. 18. 21. 22. 24. 25. 26. 27. 29. 31. 32. 33. 35. 37.

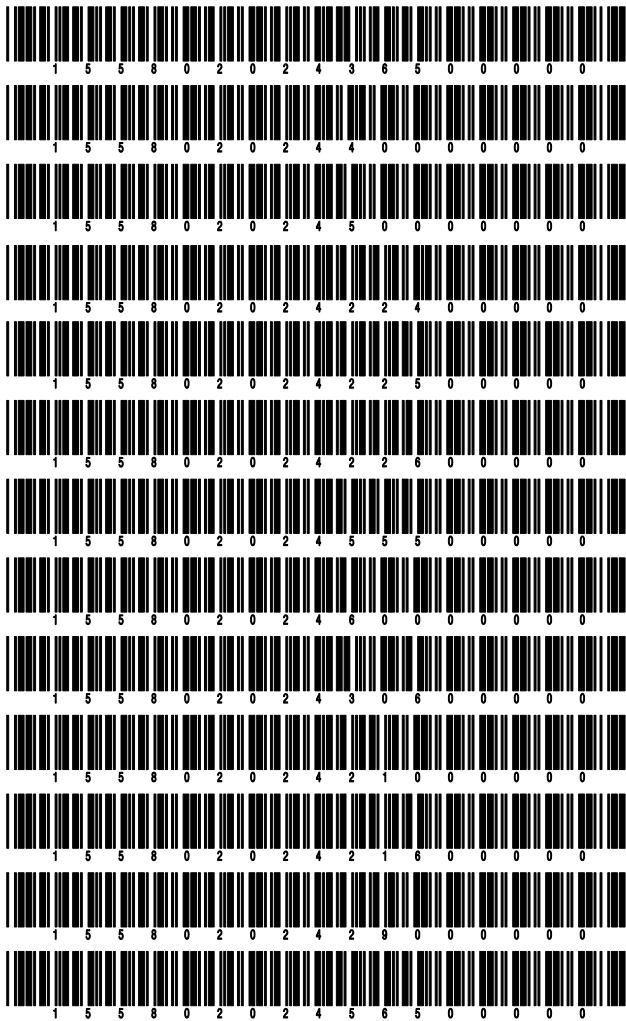
Bar Codes:

11. SIS Stockholder Information Supplement [Document Identifier 420]
12. Financial Guaranty Insurance Exhibit [Document Identifier 240]
13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
14. Supplement A to Schedule T [Document Identifier 455]
15. Trusted Surplus Statement [Document Identifier 490]
16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
17. Reinsurance Summary Supplemental Filing [Document Identifier 401]



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 18. Medicare Part D Coverage Supplement [Document Identifier 365]
- 21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
- 22. Bail Bond Supplement [Document Identifier 500]
- 24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]
- 29. Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]
- 31. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 32. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]
- 35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]
- 37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY
OVERFLOW PAGE FOR WRITE-INS

NONE



SUPPLEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

NAIC Group Code 0140

NAIC Company Code 15580

Company Name SCOTTSDALE INDEMNITY COMPANY

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

| Direct Premiums | | Direct Losses | | Direct Defense and Cost Containment | | Percentage of In Force Policies | |
|--------------------|--------------------|-------------------|-------------------|-------------------------------------|--------------------|---------------------------------|-----------------|
| 1
Written | 2
Earned | 3
Paid | 4
Incurred | 5
Paid | 6
Incurred | 7
Claims Made | 8
Occurrence |
| \$66,314,892 | \$68,444,018 | \$2,976,283 | \$4,013,782 | \$11,964,861 | \$12,590,116 |100.0 % | % |

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No [X]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [] No [X]

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:.....\$

2.32 Amount estimated using reasonable assumptions:.....\$

2.4 If the answer to question 2.1 is yes, please provide the following:

| Direct Losses | | Direct Defense and Cost Containment | | Percentage of In Force Policies | |
|---------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|---------|
| 1
Paid | 2
Paid + Change in Case Reserves | 3
Paid | 4
Paid + Change in Case Reserves | 5 | 6 |
| \$ | \$ | \$ | \$ | % | % |



SUPPLEMENT FOR THE YEAR 2024 OF THE SCOTTSDALE INDEMNITY COMPANY

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

NAIC Group Code 0140

NAIC Company Code 15580

| | Direct Business Only | | | |
|--|----------------------|----------------------|---|-----------------------------------|
| | Prior Year | | Current Year | |
| | 1
Written Premium | 2
Written Premium | 3
Losses Paid
(deducting salvage) | 4
Losses Unpaid
(Case Base) |
| 1. Completed operations | 4,675 | 4,025 | | |
| 2. Errors & omissions (E&O) | 56,088,365 | 47,539,065 | 9,516,080 | 8,965,275 |
| 3. Directors & officers (D&O) | 66,227,195 | 57,277,400 | 8,744,295 | 3,301,600 |
| 4. Environmental liability | 68,883 | 69,772 | | |
| 5. Excess workers' compensation | | | | |
| 6. Commercial excess & umbrella | 10,030,329 | 16,921,462 | 23,898,028 | 35,838,693 |
| 7. Personal umbrella | 8,315 | | 6,930,274 | 8,710,000 |
| 8. Employment liability | 64,632,016 | 54,321,716 | 21,920,594 | 14,160,573 |
| 9. Aggregate write-ins for facilities & premises (CGL) | 19,447,271 | 15,466,670 | 12,642,973 | 21,041,664 |
| 10. Internet & cyber liability | 600 | | | |
| 11. Aggregate write-ins for other | 736 | | | |
| 12. Total ASL 17 - other liability (sum of lines 1 through 11) | 216,508,385 | 191,600,110 | 83,652,244 | 92,017,805 |
| DETAILS OF WRITE-INS | | | | |
| 0901. Premises and Operations Liability | | | 12,564,223 | 20,991,664 |
| 0902. Aggregate of facilities & premises (CGL) lines of business less than 10% of category | 19,447,271 | 15,466,670 | 78,750 | 50,000 |
| 0903. | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | | |
| 0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above) | 19,447,271 | 15,466,670 | 12,642,973 | 21,041,664 |
| 1101. Aggregate of other lines of business less than 10% of category | 736 | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 736 | | | |