



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
SCOTTSDALE INDEMNITY COMPANY

NAIC Group Code 0140 (Current) 0140 (Prior) NAIC Company Code 15580 Employer's ID Number 31-1117969
Organized under the Laws of OHIO, State of Domicile or Port of Entry OH
Country of Domicile United States of America
Incorporated/Organized 11/14/1984 Commenced Business 08/01/1985
Statutory Home Office ONE WEST NATIONWIDE BLVD., COLUMBUS, OH, US 43215-2220
Main Administrative Office 18700 N. HAYDEN ROAD, SCOTTSDALE, AZ, US 85255
Mail Address ONE WEST NATIONWIDE BLVD., 1-14-301, COLUMBUS, OH, US 43215-2220
Primary Location of Books and Records ONE WEST NATIONWIDE BLVD., 1-14-301, COLUMBUS, OH, US 43215-2220
Internet Website Address WWW.NATIONWIDE.COM
Statutory Statement Contact ANDREA D. IACOBONI, FINRPT@NATIONWIDE.COM

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 NELSON

State of OHIO County of FRANKLIN SS

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 20 day of January Lauren Garverick

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



Lauren Garverick
Notary Public, State of Ohio
Commission #: 2025-RE-891568
My Commission Expires 06-16-30



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
SCOTTSDALE INDEMNITY COMPANY

NAIC Group Code 0140 (Current) 0140 (Prior) NAIC Company Code 15580 Employer's ID Number 31-1117969

Organized under the Laws of OHIO, State of Domicile or Port of Entry OH
Country of Domicile United States of America

Incorporated/Organized 11/14/1984 Commenced Business 08/01/1985

Statutory Home Office ONE WEST NATIONWIDE BLVD., COLUMBUS, OH, US 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 18700 N. HAYDEN ROAD, SCOTTSDALE, AZ, US 85255
(Street and Number) (City or Town, State, Country and Zip Code) 480-365-4000
(Area Code) (Telephone Number)

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

Primary Location of Books and Records ONE WEST NATIONWIDE BLVD., 1-14-301, COLUMBUS, OH, US 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code) 614-249-1545
(Area Code) (Telephone Number)

Internet Website Address WWW.NATIONWIDE.COM

Statutory Statement Contact ANDREA D. IACOBONI, 614-249-1545
(Name) (Area Code) (Telephone Number)
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 NELSON

State of Ohio County of Franklin SS

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 22 day of January 2026
Nicole Sours

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



Nicole Sours
Notary Public, State of Ohio
My Commission Expires 11-26-2027



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
SCOTTSDALE INDEMNITY COMPANY

NAIC Group Code 0140 (Current) 0140 (Prior) NAIC Company Code 15580 Employer's ID Number 31-1117969

Organized under the Laws of OHIO, State of Domicile or Port of Entry OH
Country of Domicile United States of America

Incorporated/Organized 11/14/1984 Commenced Business 08/01/1985

Statutory Home Office ONE WEST NATIONWIDE BLVD., COLUMBUS, OH, US 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 18700 N. HAYDEN ROAD, SCOTTSDALE, AZ, US 85255
(Street and Number) (City or Town, State, Country and Zip Code) 480-365-4000
(Area Code) (Telephone Number)

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

Primary Location of Books and Records ONE WEST NATIONWIDE BLVD., 1-14-301, COLUMBUS, OH, US 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code) 614-249-1545
(Area Code) (Telephone Number)

Internet Website Address WWW.NATIONWIDE.COM

Statutory Statement Contact ANDREA D. IACOBONI, 614-249-1545
(Name) (Area Code) (Telephone Number)
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 NELSON

State of OHIO
County of FRANKLIN SS

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 20 day of January
Lauren Garverick

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



Lauren Garverick
Notary Public, State of Ohio
Commission #: 2025-RE-891568
My Commission Expires 06-16-30



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						43	62		(6)	(5)		
2.1 Allied lines		92				(2,111)	155		(27)	67		
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)						(149)			(2)	(1)		
5.2 Commercial multiple peril (liability portion)						83	83	(21,140)	(21,140)			
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						2	1		(10)	1		
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake						(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	247	93		154		24	24		7	7	44	6
17.1 Other liability - occurrence	3,356	3,382		1,538		21,713	41,083	34	(6,416)	9,945	873	95
17.2 Other liability - claims-Made	3,323,118	3,241,557		1,655,580	59,875	676,599	2,192,594	603,953	650,032	1,333,903	945,300	80,100
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						(7,189)	3,039	677	(966)	1,790		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						(14)	(16)		(44)	116		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	12,201	5,090		7,111		1,545	1,597		972	972	3,660	330
27. Boiler and machinery						(576)			1	2		
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)	3,338,922	3,250,213		1,664,384	59,875	689,967	2,238,622	583,524	622,401	1,346,797	949,878	80,532
<b>DETAILS OF WRITE-INS</b>												
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 .....

19AL



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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. 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						(4)						
17.2 Other liability - claims-Made						(2,513)	181		(445)	1,162		2,350
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)						(2,517)	183		(445)	1,162		2,350
<b>DETAILS OF WRITE-INS</b>												
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 .....

19AK



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	980,643	978,382		478,891	214,581	68,925	140,589	7,726	(2,712)	26,284	232,071	(5,164)
2.1 Allied lines	1,913,557	1,997,539		1,088,027	3,041,487	106,195	1,639,387	75,870	107,166	118,096	408,454	98
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	(1,969)	4,423				(1,232)	329		(171)	62	(492)	
4. Homeowners multiple peril	1,246,197	1,401,247		589,174	193,633	(164,982)	104,215	49,536	(22,218)	16,511	311,549	162
5.1 Commercial multiple peril (non-liability portion)	3,825,100	4,004,080		1,857,153	1,146,530	180,499	886,992	24,071	(18,200)	122,672	862,190	516
5.2 Commercial multiple peril (liability portion)	3,078,282	3,193,505		1,325,787	522,159	896,834	5,531,921	679,542	549,634	1,152,119	696,676	315
6. Mortgage guaranty												
8. Ocean marine	(270)	743				(11,991)	6,739		(1,054)	202	(1,923)	
9.1 Inland marine	373,680	544,942		135,043		(328,660)	526,887		(19,608)	23,494	77,788	53
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake	330	275		99		129	193		28	35	87	
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	16	6		10		2	2		1	1	3	
17.1 Other liability - occurrence	20,605,517	20,128,827		11,786,276	2,276,858	7,118,885	24,100,930	462,554	499,474	5,016,671	4,485,557	762
17.2 Other liability - claims-Made	6,776,945	7,531,251		5,810,408	995,184	5,845,554	11,769,452	236,161	950,120	1,941,810	1,623,517	37
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	1,296,483	1,256,212		1,295,204	230,202	(246,922)	2,479,002	387,810	268,536	1,620,147	232,472	72
18.2 Products liability - claims-made	669,270	555,277		254,762		252,163	252,426		34,483	34,532	190,753	
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	1,048,429	816,436		584,308		(20,365)	1,714,154	537	(67,443)	85,988	198,765	52
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	1,500	1,500		688		669	(121)		(2,616)	3,576	330	
22. Aircraft (all perils)												
23. Fidelity												
24. Surety		235			(100)	476	1,316		(479)	368		
26. Burglary and theft						(9)				1		
27. Boiler and machinery	(21,068)	3,554		6,820		(8,429)	(2,543)		(191)	2,006	(6,513)	3
28. Credit												
29. International												
30. Warranty		2,117		991		(701)	(701)		232	232		
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)	41,792,642	42,420,551		25,213,640	8,620,534	13,687,038	49,151,167	1,923,807	2,274,982	10,164,802	9,311,286	(3,095)
<b>DETAILS OF WRITE-INS</b>												
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 .....

19AZ



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	762	552		210		(147)	336		69	77	202	38
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	25	18		7		(57)	(57)		2	2	7	1
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)						(34)						
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine		14				(2)	8		1	2		(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	9		4		5	5		1	1	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	11	4		7							2	
17.1 Other liability - occurrence						59,053	64,739		2,822	2,982		
17.2 Other liability - claims-Made	1,144,954	1,163,312		529,096	79,500	462,606	786,165	218,378	23,481	369,914	198,736	26,996
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(837)			(2,994)	(2,617)		
18.2 Products liability - claims-made						1,112	1,112					
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	(293)	1,685				(15,468)	22,025		(12,258)	836	(73)	(238)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	(85)	817				1,633	631		(751)	(173)	(21)	(113)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	3,261	3,261		951		1,060	1,186		686	738	978	143
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)	1,148,648	1,169,673		530,274	79,500	508,926	876,151	218,378	11,059	371,761	199,834	26,827
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 AR



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	(837,264)	(38,188)		43,521	81,783	(182,921)	1,947,933	5,529	(11,604)	6,132	(94,505)	(20,426)
2.1 Allied lines	183,060	267,007		99,853	3,353	(42,506)	1,335,080	13,593	(70,597)	11,728	115,955	4,410
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	(3,910)	(23)		(397)	22	(106)	(35)	5	(16)	(8)		(92)
4. Homeowners multiple peril					(5,968)	(10,161)			(270)			
5.1 Commercial multiple peril (non-liability portion)	183,108	183,133		88,772	223,197	(2,145,856)	13,914,428	52	(63,087)	12,693	45,344	4,393
5.2 Commercial multiple peril (liability portion)	4,726	6,399		2,201	3,683,898	122,519	5,704,490	3,394	(430,078)	991,072	1,329	113
6. Mortgage guaranty												
8. Ocean marine						445	996		(14)	25		
9.1 Inland marine	(1,091)	1,461				(14,753)	95,254	65,363	201,671	165,952	(223)	(28)
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake	1	1				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	1,291	484		807	119	119	119	36	36	36	232	30
17.1 Other liability - occurrence	846,448	758,860		400,382	7,548,130	9,926,972	24,188,712	454,997	(1,500,645)	1,060,335	165,672	30,375
17.2 Other liability - claims-Made	21,263,144	20,228,488		9,136,550	6,693,754	6,626,030	15,675,216	4,852,972	3,335,859	9,277,125	6,246,502	561,092
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	706,506	605,830		326,430		256,959	1,963,854	485,864	628,535	565,877	128,947	25,635
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	(3,119,827)	(3,201,882)		579,825	11,324,694	3,656,998	15,374,241	2,214,544	1,303,070	1,956,806	46,224	(72,257)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	126,344	108,594		100,625	11,887	(48,208)	(25,069)	35,485	(72,327)	256,638	35,327	3,035
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	1,376	2,125		511	(293)		1,140		101	106	344	33
27. Boiler and machinery	41,148	40,842		18,972		11,409	16,365		2,075	2,186	10,239	981
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)	19,395,061	18,963,131		10,798,052	29,564,458	18,136,340	80,193,194	8,131,797	3,321,914	14,306,687	6,701,388	537,295
<b>DETAILS OF WRITE-INS</b>												
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 \$ 755

(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 .....

19 CA



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						55	80		(8)	(6)		
2.1 Allied lines	2,491	17,410		1,764		2,417	3,833		238	279	685	65
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)						(83)	17		(3)			
5.2 Commercial multiple peril (liability portion)						(435)	757		(120)	163		
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	18	7		11		2	2		1	1	3	
17.1 Other liability - occurrence	16,350	14,196		5,124		76,095	145,921		(5,787)	13,567	3,355	333
17.2 Other liability - claims-Made	5,385,885	5,394,770		2,434,519	3,577,721	1,488,774	3,511,716	744,854	847,163	2,078,682	1,609,574	112,148
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	9,753	7,209		2,544		3,295	3,469		926	989	1,658	195
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						(9,551)	7,984		(2,326)	2,473		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	(85)	(85)				563	(609)		(1,443)	2,072	(17)	(2)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						(179)	20		(67)	12		
27. Boiler and machinery						(21)	(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)	5,414,412	5,433,507		2,443,963	3,577,721	1,560,933	3,673,187	744,854	838,574	2,098,232	1,615,258	112,740
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 CO



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	30,879	29,778		19,357		15,514	18,883		3,007	3,399	8,183	498
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	2,560	2,549		1,606		(8,179)	(7,840)		224	276	678	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						24	25		3	8		
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake	334	323		211		151	202		31	39	89	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	89	33		56		7	7		2	2	16	1
17.1 Other liability - occurrence	1,477	1,415		62		599	641		150	166	325	22
17.2 Other liability - claims-Made	48,569	53,185		42,773		(73,170)	678,211		(77,937)	171,817	3,594	773
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	7,784	7,460		324		3,304	3,304		865	865	1,712	117
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)	91,692	94,744		64,388		(61,751)	693,432		(73,654)	176,571	14,597	1,457
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 CT



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc.

(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 .....

19 DE



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						(9)	6		11	13		
2.1 Allied lines												
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)						(16)						
5.2 Commercial multiple peril (liability portion)						(4)	22		(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	49	18		31		5	5		1	1	9	1
17.1 Other liability - occurrence	6,360	6,780		2,915		3,300	9,855		(119)	1,476	1,654	108
17.2 Other liability - claims-Made	1,580,325	1,695,148		713,169	1,263,000	95,625	1,181,652	1,333,655	957,871	996,382	474,014	31,241
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(271)	(269)		(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												
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						(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)	1,586,734	1,701,946		716,115	1,263,000	98,624	1,191,271	1,333,655	957,756	997,872	475,676	31,350
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.DC



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	95,777	108,260		36,292	8,287	(529,260)	30,424		(40,073)	3,140	33,555	655
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)			(283)			
5.1 Commercial multiple peril (non-liability portion)							15		(4)		1	34,532
5.2 Commercial multiple peril (liability portion)						(12)	23		(7)		3	
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	2,121	972		1,149		452	453		105	107	562	59
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake	12	6		7		3	3		1	1	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	32,459	24,328		8,131	687	6,676	5,989		1,798	1,798	5,843	1,235
17.1 Other liability - occurrence	14,853	19,226		2,544	10,234	286,609	427,418		289	(40,606)	20,762	2,626
17.2 Other liability - claims-Made	16,689,615	16,568,761		6,775,700	4,236,688	3,472,017	10,179,398	3,466,262	3,886,032	8,212,176	5,005,104	85,988
17.3 Excess workers' compensation												
18.1 Products liability - occurrence		981		123		(1,865)	1,218		(1,074)	253		(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)	(22)	302		(55)	8,074	(4,302)	2,252	168	(2,185)	1,942	(1)	(17)
19.4 Other commercial auto liability	(2,172)	11,679		80	108	(147,077)	139,773	3,795	(40,374)	45,305	(475)	(565)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		4,686			(5,849)	(65,635)	(309)		(7,150)	1,408		(271)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						(5)						
27. Boiler and machinery	5,370	5,853		2,014		(26,581)	(256)		(1,906)	110	1,731	28
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)	16,838,013	16,745,053		6,825,984	4,258,230	2,985,384	10,786,401	3,470,514	3,754,273	8,287,007	5,048,949	121,672
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 FL



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	9,330	9,166		5,504		273	4,209		1,536	2,334	2,799	410
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)						309	113		(96)	338		
5.2 Commercial multiple peril (liability portion)	9,330	9,166		5,504		(1,484)	2,931		(535)	695	2,799	410
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine					(1,000)	(1,049)	(521)		(3,455)	1,596		
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	115,725	101,145		14,580	4,343	30,255	25,912		7,477	7,477	20,831	894
17.1 Other liability - occurrence (961)		20,195		2,996		3,379	24,520		(1,020)	4,614	(563)	1,239
17.2 Other liability - claims-Made	6,212,241	6,361,779		2,751,862	917,484	891,046	4,218,608	848,938	540,354	3,088,541	1,845,172	301,378
17.3 Excess workers' compensation												
18.1 Products liability - occurrence		5,565				(875)	5,400	8,125	6,727	2,376		
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 (73,519)		(73,519)			536,353	(808,789)	1,554,509	98,111	47,772	401,286	(14,102)	(2,532)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage (296)		(296)			(1,334)	9,585	(8,172)		(16,435)	25,325	(59)	(5)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	3,400	5,734		2,408	(79)	1,209	2,633		1,031	1,501	1,020	154
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)	6,275,250	6,438,935		2,782,854	1,455,767	123,857	5,830,141	955,174	583,357	3,536,083	1,857,896	301,948
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 GA



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						(34)	24		11	17		
2.1 Allied lines												
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						(26,216)	3,644		(4,242)	4,969		
17.2 Other liability - claims-Made	22,375	23,227		9,354		(594)	12,837		(1,146)	6,335	6,713	954
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(206)	48		(38)	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)												
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)	22,375	23,227		9,354		(27,049)	16,554		(5,415)	11,359	6,713	954
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.HI



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	2,962		4		(19)	614		35	45	2	9
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)						
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						37	131		(13)	(3)		
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	562	152		410		29	29		10	10	92	8
17.1 Other liability - occurrence						18	57		(4)	3		
17.2 Other liability - claims-Made	946,761	896,553		421,518	103,610	(280,328)	517,567	37,952	(97,193)	323,023	283,829	16,025
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						(10,784)	5,381		(455)	3,572		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						267	(74)		(126)	205		
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)	947,329	899,668		421,932	103,610	(290,789)	523,705	37,952	(97,745)	326,855	283,923	16,043
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.1D



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	529	1,221		331	(4,730)	674		197	369	159		9
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					(2,017)			(109)				
5.1 Commercial multiple peril (non-liability portion)	2,000	417		1,583	(7,528)	12,964		(977)	(87)	600		31
5.2 Commercial multiple peril (liability portion)	529	530		331	(22)	23		(10)	3	159		8
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						68		63	(49)	1		
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake						15		12	(4)	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	261	98		163	24	24		7	7	47		4
17.1 Other liability - occurrence	15,436	13,996		1,543	21,657	1,395,409	1,447,706	(37,576)	(19,056)	3,130		247
17.2 Other liability - claims-Made	35,378,328	29,719,960		8,941,885	2,954,368	7,888,696	10,079,100	2,763,072	6,210,621	7,603,484	10,584,807	546,194
17.3 Excess workers' compensation												
18.1 Products liability - occurrence					35,321	13,758	(20,270)	4,507	5,038			
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					21,000	(126,467)	71,301	2,667	(28,633)	19,654		3
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage					12,566	12,129	(958)	(335)	951			(1)
22. Aircraft (all perils)												
23. Fidelity						2	2					
24. Surety												
26. Burglary and theft	3,230	2,557		673	(119)	1,384		139	751	969		49
27. Boiler and machinery						(143)	1	2	2			
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)	35,400,313	29,738,779		8,946,509	3,044,912	9,169,075	11,592,038	2,765,739	6,147,779	7,611,122	10,589,870	546,543
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.1L



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						(3,359)	188		24	97		
2.1 Allied lines												
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)						42	116		(22)	36		
5.2 Commercial multiple peril (liability portion)						(2,527)	(1,812)		(23)	143		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						130	(206)		(1,693)	730		
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake						14	11		(7)	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	78	29		49		7	7		2	2	14	19
17.1 Other liability - occurrence						(90,015)	(62,483)		(5,510)	4,365		
17.2 Other liability - claims-Made	2,626,905	2,692,297		1,083,070	28,267	68,584	1,412,584	99,874	(124,511)	735,997	782,647	37,889
17.3 Excess workers' compensation												
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					514,569	(217,604)	81,443	37,736	(14,211)	61,629		1
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage					5,470	4,164	(2,282)		(8,067)	20,528		3
22. Aircraft (all perils)												
23. Fidelity						1	1					
24. Surety												
26. Burglary and theft	6,740	6,740		2,002		2,126	2,252		1,361	1,411	2,022	99
27. Boiler and machinery						(310)	2		2	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)	2,633,723	2,699,067		1,085,121	548,305	(238,746)	1,429,821	137,610	(152,656)	824,942	784,683	38,011
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.1N



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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		1,368				(23)	280		25	30		655
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)						161	(8)		(28)	43		
5.2 Commercial multiple peril (liability portion)						(123)	257		(46)	74		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						(211)	(283)		(672)	(19)		
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						(3,928)	(2,202)		21	434		
17.2 Other liability - claims-Made	1,488,106	1,525,017		625,094	380,782	440,941	1,163,806	2,841,353	1,905,959	389,157	403,692	20,797
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				50,000		(688,695)	293,193	9,757	(19,609)	110,971		(112)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						264	(633)		(2,836)	3,985		(2)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						(15)	1		(10)	16		
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)	1,488,106	1,526,384		625,094	430,782	(251,630)	1,454,410	2,851,110	1,882,803	504,691	403,692	21,338
<b>DETAILS OF WRITE-INS</b>												
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 .....

191A



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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		5,196				658	1,125		17	84		(8)
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)						42	5		(11)	31		
5.2 Commercial multiple peril (liability portion)						(653)	(171)		(60)	69		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						11			(57)	19		
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	842	320		522		64	64		21	21	139	35
17.1 Other liability - occurrence						(24,369)	(16,252)		749	3,163		
17.2 Other liability - claims-Made	1,335,904	1,416,219		530,680	359,173	200,945	1,057,128	44,044	(234,057)	419,906	379,738	26,373
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)						(82)	88		(22)	19		
19.4 Other commercial auto liability						(23,987)	8,196		(3,170)	4,161		2
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						460	(154)		(580)	891		3
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						(8)						
27. Boiler and machinery						(229)	23		27	34		
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)	1,336,746	1,421,735		531,202	359,173	152,852	1,050,051	44,044	(237,141)	428,397	379,877	26,405
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 KS



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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		6,482				(614)	1,419		112	153		(16)
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)						(23)						
5.2 Commercial multiple peril (liability portion)						(6)	(5)					
6. Mortgage guaranty												
8. Ocean marine												
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						(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	16,696	3,481		13,215		333	333		185	185	2,505	809
17.1 Other liability - occurrence						7,924	16,310		273	1,000		
17.2 Other liability - claims-Made	1,501,079	1,465,496		708,078	235,000	190,199	1,137,774	172,302	(69,573)	468,966	440,823	18,955
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(3)	(2)			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)				4,000		3,483	538		(137)	148		
19.4 Other commercial auto liability						(29,764)	27,086	170	(4,446)	23,192		(1)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage				(8,000)		(6,613)	(256)		(1,106)	1,202		(1)
22. Aircraft (all perils)												
23. Fidelity						(6)	(6)					
24. Surety												
26. Burglary and theft						(28)						
27. Boiler and machinery						(446)	1		1	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)	1,517,775	1,475,460		721,293	231,000	164,434	1,183,191	172,472	(74,693)	494,849	443,328	19,747
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 KY



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	(18,000)	.892				(5,218)	1,177		.64	.160	(4,950)	5,089
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						590	454		3	9		
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	.250	.94		.156		.24	.24		.7	.7	.45	.44
17.1 Other liability - occurrence	6,072	6,104		2,783		2,395	3,477		.702	1,027	1,579	.233
17.2 Other liability - claims-Made	452,754	449,733		91,512		121,720	688,854		(130,622)	148,103	95,992	2,495
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(10)	6		(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)												
19.4 Other commercial auto liability						(414)	6		(105)	(62)		
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)	441,076	456,823		94,451		119,086	693,997		(129,955)	149,248	92,666	7,861
<b>DETAILS OF WRITE-INS</b>												
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 .....

191A



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc.

(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 .....

19 ME



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	10,912	5,728		5,184		(472)	1,218		110	172	2,728	218
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)						(51)	(1)					
5.2 Commercial multiple peril (liability portion)						(442)	284		(154)	88		
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	28,835	25,222		3,613	910	7,120	6,210		1,864	1,864	5,190	594
17.1 Other liability - occurrence	125,605	147,612		78,137		4,867	226,983		(3,340)	7,777	22,158	2,524
17.2 Other liability - claims-Made	3,718,216	3,793,218		1,426,436	523,603	3,838,197	5,990,156	129,477	(14,760)	1,702,206	1,107,743	76,133
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(22)	5		15	48		
18.2 Products liability - claims-made												
19.1 Private passenger auto no-fault (personal injury protection)												200
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)						(772)	732		(382)	49		
19.4 Other commercial auto liability	63,254	26,044		39,534		(1,566)	29,378		(8,488)	1,403	11,069	1,271
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		562				1,368	269		(376)	1,070		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	2,710	2,710		1,242		164	1,424		317	787	813	54
27. Boiler and machinery						(42)						
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)	3,949,532	4,001,095		1,554,146	524,513	3,848,348	6,256,657	129,477	(25,194)	1,715,465	1,149,701	80,995
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.MD



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance categories like Fire, Auto, Life, and a Total (a) row.

(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 .....

19 MA



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						34	50		(5)	(4)		
2.1 Allied lines						(3,033)	957		160	225		
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)						19	33		(10)	17		
5.2 Commercial multiple peril (liability portion)						(2,070)	923		(742)	40		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						(37)	(27)		(596)	(227)		
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	2,052	1,618		434		399	399		120	120	369	31
17.1 Other liability - occurrence						761	5,243		(131)	939		
17.2 Other liability - claims-Made	5,118,683	4,585,158		2,367,873	583,861	1,171,396	3,146,935	771,480	436,428	1,717,490	1,514,534	73,034
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						1,039	1,028		542	554		
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)		209				(3,540)	2,440		(1,000)	572		(1)
19.4 Other commercial auto liability		697				(22,640)	15,575		(7,246)	5,539		177
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		346				(172)	(345)	11	(991)	1,852		(1)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	5,173	4,264		2,398		808	1,831		689	1,057	1,552	81
27. Boiler and machinery						(38)						
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)	5,125,908	4,592,292		2,370,705	583,861	1,142,927	3,175,043	771,491	427,218	1,728,173	1,516,456	73,321
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.MI



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						11	16		(2)	(1)		
2.1 Allied lines	287	179		108		(1,018)	198			93	86	6
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						(2,017)			(109)			
5.1 Commercial multiple peril (non-liability portion)						(226)	6		(1)			
5.2 Commercial multiple peril (liability portion)	288	180		108		(13)	26		(6)	6	86	6
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						(12)	(14)		(137)	(59)		
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	69	26		43		7	7		2	2	12	1
17.1 Other liability - occurrence	7,561	42,886		6,666		71,270	94,584		1,088	1,937	1,323	151
17.2 Other liability - claims-Made	5,478,499	5,667,248		2,119,670	2,762,393	780,368	2,824,741	996,582	1,263,071	2,836,058	1,643,294	109,570
17.3 Excess workers' compensation												
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)						(662)	382		(172)	149		
19.4 Other commercial auto liability						(27,888)	(3,279)		(5,768)	3,250		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						(531)	(474)		(248)	310		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						(302)	26		(123)	48		
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)	5,486,704	5,710,519		2,126,594	2,762,393	818,984	2,916,219	996,582	1,257,594	2,841,793	1,644,801	109,735
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 JUN



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a Total (a) row.

(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 .....

19 MS



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						(2,203)			55	100		
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)						(46)	3		(2)	5		
5.2 Commercial multiple peril (liability portion)						(459)	749,992		327,716	375,772		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						21	6					
9.2 Pet insurance plans								(235)		(40)		
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake						2	2		(3)	(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	16,354	3,114		13,240		303	303		166	166	2,456	327
17.1 Other liability - occurrence		100				(10,002)	501		(611)	1,795	28	2
17.2 Other liability - claims-Made	2,997,823	2,860,711		1,177,154	518,949	473,632	1,730,883	390,746	(155,799)	909,714	882,404	59,957
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		2,533		35,000		(44,104)	21,260		(9,346)	6,640		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		280		394		(361)	(491)		(1,775)	2,292		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	1,850	1,850				545	559		353	354	555	37
27. Boiler and machinery						(108)	1		1	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)	3,016,127	2,868,588		1,190,394	554,343	417,220	2,502,826	390,746	160,521	1,296,796	885,443	60,323
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 MO



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						(333)	38		(4)	20		
2.1 Allied lines												
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)						(1)						
5.2 Commercial multiple peril (liability portion)						(96)	76		(18)	27		
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						(443)	(129)		(23)	26		
17.2 Other liability - claims-Made	870,707	872,809		371,395	397,500	655,537	692,644	191,898	(17,604)	326,191	258,287	25,451
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						(4)						
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)	870,707	872,809		371,395	397,500	654,660	692,629	191,898	(17,649)	326,263	258,287	25,452
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 MT



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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		2,593				.514	.519		.32	.34		(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)	(.6)					8
5.2 Commercial multiple peril (liability portion)						(.18)	.49		(.5)	.13		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						(.19)	(.24)		(.40)	.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	.247	.93		.154	.24	.24	.24		.7	.7	.44	.4
17.1 Other liability - occurrence					(17,878)	(5,102)			(829)	1,005		
17.2 Other liability - claims-Made	798,007	822,762		309,359	(59,474)	490,312		18,808	(9,181)	241,822	239,169	11,436
17.3 Excess workers' compensation												
18.1 Products liability - occurrence					(.12)	(.7)			.4	.4		
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					(23,281)	9,429			(8,449)	3,503		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage					(1,769)	(.38)			(.475)	.404		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery					(.2)							
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)	798,254	825,448		309,513	(101,921)	495,156		18,808	(18,936)	246,802	239,213	11,438
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 NIE



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	11,728	11,944		2,957		(487)	3,193		124	581	3,165	422
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)	11		(7)	6		
5.2 Commercial multiple peril (liability portion)	(2,396)	(336)				(737)	701		(295)	(73)	(719)	(89)
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						1	1		(108)	(45)		
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	186	70		116		17	17		5	5	33	8
17.1 Other liability - occurrence						(19,948)	(15,301)		(847)	332		
17.2 Other liability - claims-Made	3,990,215	3,773,799		1,592,830	1,996,300	2,724,378	2,529,607	1,251,811	928,274	1,436,225	1,171,383	142,407
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(10)	3		(6)	(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	7,772	7,225		2,118	62,500	4,825	178,206	2,839	53,605	85,614	1,922	1,270
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	2,429	2,498		678	(3,405)	(1,979)	(1,548)	44,149	63,209	26,584	601	450
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						(77)	2		(28)	12		
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)	4,009,934	3,795,200		1,598,699	2,055,395	2,705,974	2,694,890	1,298,799	1,043,926	1,549,241	1,176,386	144,467
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 NV



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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							10		(4)	(1)		
2.1 Allied lines						(51)	15		(1)	4		
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)						(3)	7		(3)			
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)			(7)			
17.2 Other liability - claims-Made	16,312	14,944		3,398		(24,136)	8,141		(361)	4,022	4,894	714
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)	16,312	14,944		3,398		(24,212)	8,173		(375)	4,025	4,894	714
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 NH



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	17,000	17,000				709	709		(22)		4,505	357
2.1 Allied lines	99,455	33,062		86,306		4,864	7,514		699	788	24,900	2,167
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	310	306		176		(965)	(950)		31	32	82	16
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						100	101		(4)	8		
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake	34	30		21		15	20		3	3	9	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	253	95		158		18	18		7	7	41	5
17.1 Other liability - occurrence	70,645	91,235		5,052		(23,369)	68,500		(3,486)	23,812	17,297	1,786
17.2 Other liability - claims-Made	43,305	40,427		13,394		20,145	48,126		1,197	21,033	12,969	1,250
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(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)		16				(3)	7		(1)	1		
19.4 Other commercial auto liability	573,165	484,244		358,228		318,790	356,647		7,884	9,171	100,304	13,331
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		153				24	26			5		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						167	242		67	116		
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)	804,167	666,568		463,335		320,494	480,959		6,375	54,954	160,108	18,914
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 NJ



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	2					
2.1 Allied lines						6	6		(5)	(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)						(24)	(1)		(1)			
5.2 Commercial multiple peril (liability portion)						(78)	89		(29)	23		
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	18	7		11		2	2		1	1	3	1
17.1 Other liability - occurrence					(13,576)	(4,687)			418	2,028		
17.2 Other liability - claims-Made	916,981	1,016,274		425,777	648,531	577,894	680,006	213,599	278,988	413,848	275,094	29,437
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						(5,675)	1,899		(2,312)	(1,088)		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						318	222		(106)	306		
22. Aircraft (all perils)												
23. Fidelity						2	2					
24. Surety												
26. Burglary and theft												
27. Boiler and machinery						(5)						
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)	916,999	1,016,280		425,788	648,531	558,865	657,540	213,599	276,954	415,115	275,098	29,437
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 NM



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	375	1,542		168	260	558	860	103	155	153	142	18
2.1 Allied lines	232,796	237,943		88,850	210	110,952	139,604	137	25,229	28,617	61,393	5,329
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	12,850	12,223		5,301	93,450	(19,741)	(111,573)	155	1,392	1,450	3,360	279
3. Farmowners multiple peril												
4. Homeowners multiple peril						(5,636)			(283)			
5.1 Commercial multiple peril (non-liability portion)	65,072	65,135		6,063		29,636	35,174		6,313	7,548	15,486	2,179
5.2 Commercial multiple peril (liability portion)						(3,079)	124,586	1,308	(514)	5,265		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	3,174,637	3,208,429		1,055,042	1,018,183	1,196,464	1,201,915	8,476	330,972	361,021	839,839	77,199
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake	28,329	30,233		12,436		12,959	18,948		2,727	3,478	7,504	717
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	103,986	43,744		60,242		7,612	7,612		2,822	2,822	15,768	2,495
17.1 Other liability - occurrence	4,320,084	5,550,484		2,127,270	30,060,778	9,274,617	30,195,559	1,030,322	1,123,804	2,291,073	706,500	565,370
17.2 Other liability - claims-Made	170,772	240,306		71,925	343,621	848,228	2,486,496	308,212	(258,148)	743,531	44,393	4,383
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	259	434		11		(51,520)	195,699	143,981	(12,573)	252,280	27	9
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)	23	23			(112)	(255)	18	4	(52)	(39)	4	
19.4 Other commercial auto liability	141,756	157,564		67,967	(216)	105,487	141,970	(24)	(1,166)	697	22,039	7,152
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	869	360		509	6,313	6,201	(111)		37	59	80	18
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						(12)						
27. Boiler and machinery	38,014	39,094		15,162		21,183	22,821		4,426	4,448	10,074	1,002
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)	8,289,822	9,587,513		3,510,946	31,522,487	11,533,655	34,459,581	1,492,674	1,225,142	3,702,402	1,726,610	666,152
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.NY



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a Total (a) row.

(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

19 NC



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						(35)	3		2	4		
2.1 Allied lines												
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)						
5.2 Commercial multiple peril (liability portion)						(2)	4		(1)	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						11,192	11,192		523	523		
17.2 Other liability - claims-Made	694,705	670,247		272,883		21,509	292,028	23,247	62,698	200,216	208,412	12,525
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)						(8)	1		(1)	1		
19.4 Other commercial auto liability						(307)	47		(30)	51		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage									(4)	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
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)	694,705	670,247		272,883		32,343	303,276	23,247	63,188	200,803	208,412	12,525
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 ND



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	175	4,297		109		(2,937)	1,147		114	235	53	(4)
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood						(1)	1		(1)			
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)						(9)	(2)		(8)	9		
5.2 Commercial multiple peril (liability portion)	175	175		109		(267)	177		(415)	(324)	53	3
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						161	46		(254)	126		
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)	(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	150	56		94		14	14		4	4	27	2
17.1 Other liability - occurrence	11,442	16,405		1,760		(380,421)	(15,611)		(148,274)	18,848	2,185	159
17.2 Other liability - claims-Made	5,005,127	4,894,706		2,071,958	1,935,889	1,099,035	3,165,789	333,141	35,848	1,904,469	1,477,114	70,360
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(3)	9		3	7		
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						(49,538)	22,254		(7,516)	10,849		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						1,025	(255)		(877)	1,087		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	9,757	6,274		3,942		1,759	2,065		1,179	1,277	2,927	145
27. Boiler and machinery	250	250				(78)	141		27	27	66	4
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)	5,027,076	4,922,163		2,077,971	1,935,889	668,739	3,175,776	333,141	(120,173)	1,936,614	1,482,425	70,670
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 OH



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						(1,211)	64		22	42		
2.1 Allied lines												
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		(2)	1		
5.2 Commercial multiple peril (liability portion)						(4)	8		(2)	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	247	93		154		24	24		7	7	44	401
17.1 Other liability - occurrence												
17.2 Other liability - claims-Made	6,600	825		5,775		(1,491)	3,959		(514)	948	1,980	149
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		2,026				(300)	928		(334)	84		422
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		1,089				(41)	(65)		74	86		229
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						(142)	3		(51)	8		
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)	6,847	4,032		5,929		(3,165)	4,926		(800)	1,177	2,024	1,200
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 OK



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						140	202		(20)	(15)		
2.1 Allied lines	218	219		118		(1,192)	259		48	122	65	6
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)						
5.2 Commercial multiple peril (liability portion)	220	219		119							66	6
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	247	93		154		24	24		7	7	44	4
17.1 Other liability - occurrence						12,534	12,835		1,398	1,409		
17.2 Other liability - claims-Made	2,878,342	2,718,044		1,359,512	569,404	753,374	1,612,351	344,311	366,987	1,078,613	861,714	39,565
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(229)	170		(477)	710		
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)					94	(56,504)	455		(73)	98		
19.4 Other commercial auto liability					11,395	127,092	245,486	(304)	(10,913)	15,033		(17)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						405	(169)		(501)	433		(1)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft						7	21		(3)	2		
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)	2,879,027	2,718,576		1,359,903	580,893	835,571	1,871,633	344,007	356,453	1,096,412	861,890	39,562
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 OR



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	9	.461		6		(3,928)	328		63	141	2	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						(5,636)			(283)			
5.1 Commercial multiple peril (non-liability portion)						(97)	(1)					
5.2 Commercial multiple peril (liability portion)						(87)	97		(98)	(77)		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						2	2		(12)	(4)		
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	.395	.148		.247		.36	.36		.11	.11	.71	.8
17.1 Other liability - occurrence	5,622	1,419		4,451		5,802	63,821		(6,486)	9,943	394	112
17.2 Other liability - claims-Made	7,434,056	7,574,898		3,097,759	2,519,048	4,426,101	7,256,470	2,893,039	2,992,956	4,062,044	2,187,090	152,123
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(64,096)	10,281	.884	(31,666)	11,484		
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)						(210)	.89		(35)	.42		
19.4 Other commercial auto liability						(4,532)	1,290		(865)	664		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						(29)	.78		(58)	.74		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	1,688	1,336		352		(328)	941		(377)	201	506	34
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)	7,441,770	7,578,263		3,102,815	2,519,048	4,352,996	7,333,433	2,893,923	2,953,149	4,084,524	2,188,063	152,280
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.PA



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a Total (a) row.

(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 .....

19.R1



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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		2,827				(472)	623		73	92		38
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)						(11)						
5.2 Commercial multiple peril (liability portion)						(16)	3	(6,095)	(6,100)	1		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						2			(36)	24		
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	203	154		49		38	38		11	11	37	8
17.1 Other liability - occurrence						(622)	324		(212)	181		
17.2 Other liability - claims-Made	1,764,534	1,762,076		732,949	181,691	283,703	1,291,141	213,208	153,787	644,920	525,981	40,655
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(1,160)	1,006		(501)	415		
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						(60,571)	24,544	6,108	(13,792)	13,346		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage				20,971		22,512	(1,096)		(2,132)	3,112		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	1,920	720		1,200		206	209		134	138	576	163
27. Boiler and machinery						(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)	1,766,657	1,765,777		734,198	202,661	243,610	1,316,792	213,220	131,233	662,240	526,594	40,863
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 SC



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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)	6		4	6		
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)						
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	250	94		156		24	24		7	7	45	7
17.1 Other liability - occurrence						(8,092)	(3,712)		(265)	348		
17.2 Other liability - claims-Made	483,116	469,757		207,525	77,398	62,565	226,445	4,597	37,353	166,842	144,513	12,966
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						(182)			(21)	2		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage									1	4		
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)	483,366	469,851		207,681	77,398	54,302	222,763	4,597	37,080	167,208	144,558	12,973
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 SD



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						(63)	22		(26)	(2)		
2.1 Allied lines		.947				(1,970)	.280		(49)	.44		(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)						(44)	1		(1)			
5.2 Commercial multiple peril (liability portion)						(1)	(1)		1	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						5	3		(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	.721	.564		.157		.140	.140		.42	.42	.130	.19
17.1 Other liability - occurrence	20,882	43,809		5,361		23,358	32,202		5,627	9,090	3,461	466
17.2 Other liability - claims-Made	3,921,108	3,945,734		1,655,679	935,289	873,523	2,805,730	224,443	471,196	2,137,958	1,153,960	98,330
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	41,550	28,607		12,943		12,647	12,650		3,310	3,311	7,064	1,122
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						(42,951)	188,146		(7,790)	17,249		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						473	(310)		(711)	935		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	8,065	6,742		2,058		1,107	3,067		1,131	1,756	2,420	211
27. Boiler and machinery						(136)	2		2	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)	3,992,326	4,026,403		1,676,198	935,289	866,087	3,041,931	224,443	472,731	2,170,388	1,167,033	100,147
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.TN



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	112,998	129,857		28,161		1,309	27,009		1,256	2,904	31,074	1,855
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						(2,017)			(109)			
5.1 Commercial multiple peril (non-liability portion)						(487)	65		(9)	3		
5.2 Commercial multiple peril (liability portion)						(362)	436		(242)	(37)		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						(346)	(330)		(396)	(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	31,442	6,682		24,760	667	818	64,568	20	553	1,856	4,726	568
17.1 Other liability - occurrence	145,557	144,451		71,688		86,284	307,947	4,460	7,367	36,310	32,484	2,329
17.2 Other liability - claims-Made	14,914,202	14,559,337		6,619,390	2,460,442	1,851,371	23,702,101	2,799,265	575,627	6,458,483	4,307,025	238,627
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	13,078	14,425		4,488		(4,455)	14,357		(2,251)	4,735	3,350	209
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)		105				(1,388)	1,509		(317)	533		
19.4 Other commercial auto liability	(128,206)	(119,802)		145,401		831,893	2,100,968	58,797	4,499	156,163	(20,209)	(2,040)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	(4,678)	(2,892)		13,318		(1,485)	(4,174)	1,126	(3,877)	5,016	(1,068)	(75)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	11,153	5,444		5,875	(11,146)	(10,494)	2,552		726	1,411	3,346	178
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)	15,095,546	14,737,607		6,754,363	2,608,682	2,750,640	26,217,009	2,863,668	582,827	6,667,300	4,360,728	241,652
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.TX



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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		7,278				.843	1,473		.126	.140		
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)						(.71)	(.1)			.1		
5.2 Commercial multiple peril (liability portion)						(1,669)	3,076		(1,244)	.171		
6. Mortgage guaranty												
8. Ocean marine						(.3)	(.2)					
9.1 Inland marine									(.10)	(.4)		
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake									(.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	.87	.66		.21		.17	.17		.5	.5	.16	.2
17.1 Other liability - occurrence	118,646	118,502		84,041		18,416	89,734		(581)	27,107	26,102	2,670
17.2 Other liability - claims-Made	2,777,216	2,757,588		1,177,384	555,457	637,797	1,625,688	692,386	634,359	1,179,532	828,436	63,413
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)						(530)	.621		(149)	.159		
19.4 Other commercial auto liability						(31,619)	16,412		(3,910)	9,220		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						.311	(234)		(825)	859		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft		2,232				.170	1,179		.155	.532		
27. Boiler and machinery						(.88)						
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)	2,895,949	2,885,665		1,261,446	555,457	623,574	1,737,961	692,386	627,925	1,217,720	854,554	66,084
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 UT



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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)	6		9	10		
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	247	93		154		24	24		7	7	44	5
17.1 Other liability - occurrence						(5)			(27)	1		
17.2 Other liability - claims-Made	47,604	31,630		26,684		(9,777)	16,292		(145)	14,772	14,281	952
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						(40)	7		(1)	14		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage									(8)	5		
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)	47,851	31,722		26,839		(9,827)	16,329		(166)	14,808	14,326	957
<b>DETAILS OF WRITE-INS</b>												
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 2025 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 2025

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	350	22,631		249	39	8,939	9,463	15	284	301	893	8
2.1 Allied lines	265	133,612		162	22	49,848	54,804	9	1,635	1,833	4,789	8
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							2					
5.1 Commercial multiple peril (non-liability portion)						(30,169)	30,906		(1,822)	1,514		
5.2 Commercial multiple peril (liability portion)						(293)	(246)		(4)	5		
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine						(3)	1		(4)			
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	188,678	154,153		34,525	19,973	174,398	154,426		11,349	11,349	33,643	4,254
17.1 Other liability - occurrence	14	5		8		(19,029)	(10,385)		1,375	2,989		
17.2 Other liability - claims-Made	68,733	108,168		83,899		(500,959)	921,656		(169,445)	178,412	20,620	1,547
17.3 Excess workers' compensation												
18.1 Products liability - occurrence						(4)	(1)		(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)												
19.4 Other commercial auto liability						(4,898)	2,731		(804)	1,183		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage						88	(36)		(105)	197		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	5	2		3								
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)	258,046	418,570		118,847	20,034	(322,081)	1,163,319	24	(157,542)	197,783	59,944	5,817
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 VA



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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						36	52		(5)	(4)		
2.1 Allied lines	2,320	7,945		959		(72)	2,042		316	495	678	89
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						(2,096)			(135)			
5.1 Commercial multiple peril (non-liability portion)						(276)	11		(14)			
5.2 Commercial multiple peril (liability portion)	2,018	1,505		780		(76)	107		(30)	(5)	605	40
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine					21,250	72,250	51,000					
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	23,614	8,855		14,759		83,050	84,645		4,080	4,384	4,132	472
17.2 Other liability - claims-Made	5,485,289	5,548,601		2,318,889	3,153,524	1,724,899	3,051,701	2,673,070	2,415,062	2,671,661	1,645,587	116,119
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	19,827	7,435		12,392		3,372	3,374		767	768	3,470	397
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		
19.4 Other commercial auto liability		373				(18,727)	10,747		(2,774)	5,385		
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		68				891	301		(349)	689		
22. Aircraft (all perils)												
23. Fidelity												
24. Surety				1,683		1,622	(61)					
26. Burglary and theft						(260)	88		(117)	50		
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)	5,533,068	5,574,782		2,347,779	3,176,457	1,864,615	3,204,006	2,673,070	2,416,803	2,683,424	1,654,472	117,117
<b>DETAILS OF WRITE-INS</b>												
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 .....

19/WA



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., ending with a Total (a) row.

19.WV

(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 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.WI

(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 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Pet insurance plans, Financial guaranty, Medical professional liability - occurrence, Medical professional liability - claims-made, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (group and Individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability - occurrence, Other liability - claims-Made, Excess workers' compensation, Products liability - occurrence, Products liability - claims-made, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, Total (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

19.WV

(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 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance categories like Fire, Auto, Life, etc., and a 'Total (a)' row.

19 GU

(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 2025 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 2025

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. 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	3,363	3,229		1,261		(14,969)	7,072		(3,344)	3,031	874	(744)
17.2 Other liability - claims-Made	180	113		68		(421)	45	7		12	47	9
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	575	457		216		176	231	50		66	150	18
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)	4,118	3,798		1,544		(15,214)	7,348		(3,287)	3,109	1,071	(717)
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.PR



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 15580

Table with 12 columns: Line of Business, Direct Premiums Written, 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. Rows include various insurance categories like Fire, Multiple peril crop, Federal flood, etc., and a 'DETAILS OF WRITE-INS' section at the bottom.

(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 .....

19.VI



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	7		(2)	(2)		
2.1 Allied lines												
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						(1)	(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 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						458	458					
17.2 Other liability - claims-Made						(2,049,357)	254,456		(17,331)	553,712		
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						23	23					
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)						(2,048,871)	254,942		(17,333)	553,710		
<b>DETAILS OF WRITE-INS</b>												
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 .....

19 CN



**ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	470,104	445,789		174,158		(215,338)	(22,004)		4,012	8,023	1,947	1,087
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						(1,592,064)	577,676	(59,325)		207,943		
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)	470,104	445,789		174,158		(1,807,402)	555,672	(55,313)	215,966	1,947		1,087
<b>DETAILS OF WRITE-INS</b>												
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 .....

19.0T



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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	271,952	1,069,448		580,570	296,663	(105,569)	2,096,198	13,372	(13,242)	34,479	166,632	(25,207)
2.1 Allied lines	3,675,603	3,911,460		1,842,456	3,053,359	(505,199)	3,323,851	89,608	38,210	192,444	817,747	23,161
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	15,745	15,096		7,090	93,450	(50,223)	(119,949)	155	855	1,745	4,127	338
3. Farmowners multiple peril	(5,879)	28,911		(397)	22	(156)	1,933	5	(66)	268	(492)	(92)
4. Homeowners multiple peril	2,113,647	2,289,315		1,031,550	535,623	(56,365)	150,200	55,010	(19,080)	25,601	495,454	165
5.1 Commercial multiple peril (non-liability portion)	4,655,498	4,850,889		2,241,238	1,557,316	(1,829,626)	14,901,579	39,561	(68,520)	161,187	1,039,765	41,650
5.2 Commercial multiple peril (liability portion)	3,770,153	3,848,289		1,618,717	4,241,547	1,031,067	12,953,556	732,565	533,920	2,850,791	836,686	816
6. Mortgage guaranty												
8. Ocean marine	(2,332)	15				(10,495)	19,990		(1,889)	176	(1,923)	
9.1 Inland marine	3,613,915	3,810,880		1,221,729	1,052,619	928,701	1,885,017	73,838	504,640	554,606	930,676	77,281
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made												
12. Earthquake	29,164	30,964		12,801		13,384	19,485		2,756	3,560	7,725	725
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	595,933	390,104		205,829	26,580	233,834	271,672	20	28,216	29,519	101,464	15,229
17.1 Other liability - occurrence	28,466,100	29,049,484		15,566,169	40,416,823	28,621,870	84,621,381	2,056,514	(88,099)	9,114,952	5,923,409	610,410
17.2 Other liability - claims-Made	185,763,447	178,615,930		79,939,058	43,303,866	53,564,221	144,407,420	33,603,641	29,181,843	72,717,500	54,376,944	3,390,236
17.3 Excess workers' compensation												
18.1 Products liability - occurrence	2,161,732	2,032,964		1,674,567	265,523	(113,511)	4,984,006	1,029,013	915,681	2,675,378	386,596	28,689
18.2 Products liability - claims-made	673,772	577,996		270,113		253,290	253,553		35,894	35,943	192,036	
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												200
19.3 Commercial auto no-fault (personal injury protection)	1	654		(55)	12,056	(64,923)	10,549	172	(5,044)	3,695	3	(17)
19.4 Other commercial auto liability	(1,425,878)	(1,833,609)		1,664,206	12,700,805	2,620,453	22,965,896	2,442,355	1,116,044	3,099,050	359,150	(54,055)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	126,545	118,895		102,500	52,330	(67,096)	(50,904)	80,771	(67,623)	366,964	35,315	3,328
22. Aircraft (all perils)												
23. Fidelity						2	2					1,300
24. Surety		490			1,583	2,261	1,539		(450)	419		
26. Burglary and theft	82,083	67,141		34,543	(11,517)	729	28,964		9,808	15,807	24,555	1,900
27. Boiler and machinery	68,099	94,089		44,595		(6,782)	36,380		4,567	8,935	16,491	2,017
28. Credit												
29. International												
30. Warranty		2,117		991		(701)	(701)		232	232		
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)	234,649,301	228,971,522		108,058,271	107,598,647	84,459,167	292,761,618	40,216,600	32,108,654	91,893,253	65,712,359	4,118,076
<b>DETAILS OF WRITE-INS</b>												
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 \$ 755

(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

19 GT

ANNUAL STATEMENT FOR THE YEAR 2025 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 Cols. 6 + 7	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 Known Case Losses and LAE								
0499999. Total - U.S. non-pool														
0799999. Total - other (non-U.S.)														
0899999. Total - affiliates														
AA-9991105	.00000	California Commercial Auto Ins Procedure	CA	56	190	190	190			18	67			
AA-9991107	.00000	Colorado Commercial Auto Ins Procedure	CO		1	1	1							
AA-9991112	.00000	Georgia Commercial Auto Ins Procedure	GA								1			
AA-9991115	.00000	Illinois Commercial Auto Ins Procedure	IL	10	57	57	57			3	13			
AA-9991117	.00000	Indiana Commercial Auto Ins Procedure	IN	8	28	28	28			3	6			
AA-9991118	.00000	Iowa Commercial Auto Ins Procedure	IA	11	82	82	82			6	40			
AA-9991119	.00000	Kansas Commercial Auto Ins Procedure	KS		3	3	3				1			
AA-9991211	.00000	Louisiana Fair Plan	LA	1						1				
AA-9990014	.00000	Missouri Commercial Auto Ins Procedure	MO	1	1	1	1				1			
AA-9991130	.00000	Nebraska Commercial Auto Ins Procedure	NE		3	3	3				1			
AA-9991131	.00000	Nevada Commercial Auto Ins Procedure	NV	1	2	2	2			1	1			
AA-0000000	.00000	New York Commercial Auto Ins Procedure	NY								(1)			
AA-9991137	.00000	New York Special Risk Distribution Progr	NY		5	5	5				1			
AA-9991139	.00000	North Carolina Reins Facility	NC	(2)	1	1	1							
AA-9991141	.00000	Ohio Commercial Auto Ins Procedure	OH	5	28	28	28				10			
AA-9991146	.00000	Rhode Island Commercial Auto Ins Procedure	RI	1	1	1	1							
57-0629683	.34134	South Carolina Wind & Hail Underwriting	SC	5						12				
AA-9991156	.00000	West Virginia Commercial Auto Ins Proced	WV	1	3	3	3			1	2			
1099999. Total pools, associations or other similar facilities - mandatory pools				98		405	405			45	143			
1299999. Total - pools and associations				98		405	405			45	143			
9999999 Totals				98		405	405			45	143			

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com- pany Code	3  Name of Company	4  Date of Contract	5  Original Premium	6  Reinsurance Premium
<b>NONE</b>					

ANNUAL STATEMENT FOR THE YEAR 2025 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	OH		234,757	7,770	4,056	117,920	32,629	175,754	69,729	108,105		515,963		28,519	(3)	487,447	144
0399999		Total authorized - affiliates - U.S. non-pool - other			234,757	7,770	4,056	117,920	32,629	175,754	69,729	108,105		515,963		28,519	(3)	487,447	144
0499999		Total authorized - affiliates - U.S. non-pool			234,757	7,770	4,056	117,920	32,629	175,754	69,729	108,105		515,963		28,519	(3)	487,447	144
0799999		Total authorized - affiliates - other (non-U.S.)																	
0899999		Total authorized - affiliates			234,757	7,770	4,056	117,920	32,629	175,754	69,729	108,105		515,963		28,519	(3)	487,447	144
AA-9991159	.00000	Michigan Claims Cat Fund	MI		(7)														
1099999		Total authorized - pools - mandatory pools			(7)														
1499999		Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			234,750	7,770	4,056	117,920	32,629	175,754	69,729	108,105		515,963		28,519	(3)	487,447	144
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)			234,750	7,770	4,056	117,920	32,629	175,754	69,729	108,105		515,963		28,519	(3)	487,447	144
5899999		Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	
9999999		Totals			234,750	7,770	4,056	117,920	32,629	175,754	69,729	108,105		515,963		28,519	(3)	487,447	144

ANNUAL STATEMENT FOR THE YEAR 2025 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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
31-1024978	Scottsdale Insurance Company					28,660	487,303		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999	Total authorized - affiliates - U.S. non-pool - other			XXX		28,660	487,303		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total authorized - affiliates - U.S. non-pool			XXX		28,660	487,303		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999	Total authorized - affiliates - other (non-U.S.)			XXX											XXX		
0899999	Total authorized - affiliates			XXX		28,660	487,303								XXX		
AA-9991159	Michigan Claims Cat Fund								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
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					28,660	487,303										
1899999	Total unauthorized - affiliates - U.S. non-pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999	Total unauthorized - affiliates - other (non-U.S.)			XXX											XXX		
2299999	Total unauthorized - affiliates			XXX											XXX		
2899999	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX											XXX		
3299999	Total certified - affiliates - U.S. non-pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999	Total certified - affiliates - other (non-U.S.)			XXX											XXX		
3699999	Total certified - affiliates			XXX											XXX		
4299999	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX											XXX		
4699999	Total reciprocal jurisdiction - affiliates - U.S. non-pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999	Total reciprocal jurisdiction - affiliates - other (non-U.S.)			XXX											XXX		
5099999	Total reciprocal jurisdiction - affiliates			XXX											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)			XXX		28,660	487,303								XXX		
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals			XXX		28,660	487,303								XXX		

ANNUAL STATEMENT FOR THE YEAR 2025 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 Amounts Not in Dispute (Cols 43-44)	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. 46+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	38 Overdue				42 Total Overdue Cols. 38+39 +40+41	43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days												
31-1024978	Scottsdale Insurance Company	11,826					11,826			11,826							YES	
0399999	Total authorized - affiliates - U.S. non-pool - other	11,826					11,826			11,826								XXX
0499999	Total authorized - affiliates - U.S. non-pool	11,826					11,826			11,826								XXX
0799999	Total authorized - affiliates - other (non-U.S.)																	XXX
0899999	Total authorized - affiliates	11,826					11,826			11,826								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)	11,826					11,826			11,826								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)	11,826					11,826			11,826								XXX
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	XXX
9999999	Totals	11,826					11,826			11,826								XXX

ANNUAL STATEMENT FOR THE YEAR 2025 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													Complete if Col. 52 = "No"; Otherwise Enter 0			69 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	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 Past Due Amounts in Dispute (Col. 45 * 20%)	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. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + 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	
0499999	Total authorized - affiliates - U.S. non-pool			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	
0899999	Total authorized - affiliates			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	
1099999	Total authorized - pools - mandatory pools			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	
1899999	Total unauthorized - affiliates - U.S. non-pool			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	
2299999	Total unauthorized - affiliates			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	
3299999	Total certified - affiliates - U.S. non-pool			XXX				XXX	XXX									
3599999	Total certified - affiliates - other (non-U.S.)			XXX				XXX	XXX									
3699999	Total certified - affiliates			XXX				XXX	XXX									
4299999	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX				XXX	XXX									
4699999	Total reciprocal jurisdiction - affiliates - U.S. non-pool			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	
5099999	Total reciprocal jurisdiction - affiliates			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	
5799999	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX				XXX	XXX									
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX				XXX	XXX									
9999999	Totals			XXX				XXX	XXX									

ANNUAL STATEMENT FOR THE YEAR 2025 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 Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			72 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	74 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 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	
3599999	Total certified - affiliates - other (non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3699999	Total certified - affiliates	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	
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 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE F - PART 4**

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

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
<b>NONE</b>				
<b>Total</b>				

ANNUAL STATEMENT FOR THE YEAR 2025 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:

	1 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

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.

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	Scottsdale Insurance Company .....	515,964	234,757	Yes [ X ] No [ ]
7.	.....	.....	.....	Yes [ ] No [ ]
8.	.....	.....	.....	Yes [ ] No [ ]
9.	.....	.....	.....	Yes [ ] No [ ]
10.	.....	.....	.....	Yes [ ] No [ ]

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

ANNUAL STATEMENT FOR THE YEAR 2025 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) .....	39,569,302		39,569,302
2. Premiums and considerations (Line 15) .....	9,983,766		9,983,766
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	11,825,988	(11,825,988)	
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	144,388		144,388
5. Other assets .....	8,796,313	2,639	8,798,952
6. Net amount recoverable from reinsurers .....		487,299,582	487,299,582
7. Protected cell assets (Line 27) .....			
8. Totals (Line 28) .....	70,319,757	475,476,233	545,795,990
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	57	396,032,808	396,032,865
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	278,544	2,669	281,213
11. Unearned premiums (Line 9) .....		108,104,548	108,104,548
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) .....	28,519,404	(28,519,404)	
15. Funds held by company under reinsurance treaties (Line 13) .....	144,388	(144,388)	
16. Amounts withheld or retained by company for account of others (Line 14) .....			
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	1,807,070		1,807,070
19. Total liabilities excluding protected cell business (Line 26) .....	30,749,463	475,476,233	506,225,696
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37)	39,570,294	XXX	39,570,294
22. Totals (Line 38)	70,319,757	475,476,233	545,795,990

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 2025 OF THE SCOTTSDALE INDEMNITY COMPANY**  
**SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2016.....	1,390	1,390		270	270	7	7	37	37			22
3. 2017.....	1,448	1,448		986	986	19	19	47	47			14
4. 2018.....	1,487	1,487		502	502	14	14	46	46			18
5. 2019.....	1,631	1,631		812	812	5	5	68	68			21
6. 2020.....	1,865	1,865		1,118	1,118	145	145	61	61			30
7. 2021.....	2,518	2,518		673	673	9	9	55	55			57
8. 2022.....	2,850	2,850		2,016	2,016	122	122	63	63			54
9. 2023.....	2,621	2,621		1,550	1,550	64	64	103	103			30
10. 2024.....	2,263	2,263		150	150	4	4	26	26			13
11. 2025.....	2,319	2,319		122	122	5	5	47	47			14
12. Totals	XXX	XXX	XXX	8,200	8,200	394	394	554	554			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.....	(44)	(44)	(1)	(1)			(7)	(7)					29
2. 2016.....	(1)	(1)											
3. 2017.....	63	63	4	4			13	13					
4. 2018.....													
5. 2019.....			(3)	(3)									
6. 2020.....			(4)	(4)			(1)	(1)					
7. 2021.....			(3)	(3)									
8. 2022.....			41	41			2	2	17	17			
9. 2023.....	45	45	(11)	(11)			3	3	9	9			1
10. 2024.....			15	15			5	5	9	9			
11. 2025.....	28	28	44	44			16	16	48	48			2
12. Totals	91	91	82	82	1	1	31	31	83	83			32

	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. 2016.....	313	313		22.5	22.5						
3. 2017.....	1,133	1,133		78.2	78.2						
4. 2018.....	562	562		37.8	37.8						
5. 2019.....	882	882		54.1	54.1						
6. 2020.....	1,319	1,319		70.7	70.7						
7. 2021.....	735	735		29.2	29.2						
8. 2022.....	2,262	2,262		79.4	79.4						
9. 2023.....	1,763	1,763		67.3	67.3						
10. 2024.....	208	208		9.2	9.2						
11. 2025.....	310	310		13.4	13.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2016.....									1	1		
3. 2017.....									17	17		
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....	1	1										
8. 2022.....												
9. 2023.....									6	6		
10. 2024.....												
11. 2025.....												
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		Adjusting and Other Unpaid				
	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.....													
2. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....													
6. 2020.....													
7. 2021.....													
8. 2022.....													
9. 2023.....													
10. 2024.....													
11. 2025.....													
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. 2016.....	1	1									
3. 2017.....	17	17									
4. 2018.....											
5. 2019.....											
6. 2020.....											
7. 2021.....											
8. 2022.....											
9. 2023.....	6	6		3,437.8	3,437.8						
10. 2024.....											
11. 2025.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2025 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.....	(1).....	(1).....	(1).....	(1).....	57.....	57.....			XXX.....
2. 2016.....	37,062.....	37,062.....		41,893.....	41,893.....	2,985.....	2,985.....	2,941.....	2,941.....			1,045.....
3. 2017.....	40,889.....	40,889.....		36,527.....	36,527.....	2,534.....	2,534.....	2,908.....	2,908.....			1,147.....
4. 2018.....	38,830.....	38,830.....		27,224.....	27,224.....	1,764.....	1,764.....	1,709.....	1,709.....			936.....
5. 2019.....	44,395.....	44,395.....		35,780.....	35,780.....	2,217.....	2,217.....	2,068.....	2,068.....			991.....
6. 2020.....	44,124.....	44,124.....		27,710.....	27,710.....	3,462.....	3,462.....	1,966.....	1,966.....			653.....
7. 2021.....	52,725.....	52,725.....		36,411.....	36,411.....	3,032.....	3,032.....	2,267.....	2,267.....			836.....
8. 2022.....	45,935.....	45,935.....		25,824.....	25,824.....	2,556.....	2,556.....	2,240.....	2,240.....			649.....
9. 2023.....	27,211.....	27,211.....		8,387.....	8,387.....	660.....	660.....	1,801.....	1,801.....			353.....
10. 2024.....	5,737.....	5,737.....		2,467.....	2,467.....	81.....	81.....	651.....	651.....			55.....
11. 2025.....	(1,700).....	(1,700).....		62.....	62.....			158.....	158.....			8.....
12. Totals.....	XXX.....	XXX.....	XXX.....	242,285.....	242,285.....	19,289.....	19,289.....	18,765.....	18,765.....			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.....			16.....	16.....	1.....	1.....	17.....	17.....	(34).....	(34).....			1,595.....
2. 2016.....	1,004.....	1,004.....	10.....	10.....	15.....	15.....	16.....	16.....	168.....	168.....			
3. 2017.....	(5).....	(5).....	18.....	18.....	(5).....	(5).....	36.....	36.....	(8).....	(8).....			
4. 2018.....	100.....	100.....	50.....	50.....	28.....	28.....	15.....	15.....	18.....	18.....			
5. 2019.....	2,027.....	2,027.....	(495).....	(495).....	15.....	15.....	22.....	22.....	24.....	24.....			3.....
6. 2020.....	1,210.....	1,210.....	211.....	211.....	93.....	93.....	58.....	58.....	18.....	18.....			
7. 2021.....	3,493.....	3,493.....	961.....	961.....	316.....	316.....	360.....	360.....	109.....	109.....			3.....
8. 2022.....	5,032.....	5,032.....	1,539.....	1,539.....	411.....	411.....	545.....	545.....	122.....	122.....			8.....
9. 2023.....	3,810.....	3,810.....	1,694.....	1,694.....	263.....	263.....	677.....	677.....	57.....	57.....			14.....
10. 2024.....	450.....	450.....	1,102.....	1,102.....	17.....	17.....	135.....	135.....	20.....	20.....			3.....
11. 2025.....	154.....	154.....	1,175.....	1,175.....			95.....	95.....	99.....	99.....			5.....
12. Totals.....	17,276.....	17,276.....	6,280.....	6,280.....	1,153.....	1,153.....	1,976.....	1,976.....	593.....	593.....			1,631.....

	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. 2016.....	49,031.....	49,031.....		132.3.....	132.3.....						
3. 2017.....	42,005.....	42,005.....		102.7.....	102.7.....						
4. 2018.....	30,907.....	30,907.....		79.6.....	79.6.....						
5. 2019.....	41,657.....	41,657.....		93.8.....	93.8.....						
6. 2020.....	34,728.....	34,728.....		78.7.....	78.7.....						
7. 2021.....	46,948.....	46,948.....		89.0.....	89.0.....						
8. 2022.....	38,270.....	38,270.....		83.3.....	83.3.....						
9. 2023.....	17,350.....	17,350.....		63.8.....	63.8.....						
10. 2024.....	4,923.....	4,923.....		85.8.....	85.8.....						
11. 2025.....	1,743.....	1,743.....		(102.5).....	(102.5).....						
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		

ANNUAL STATEMENT FOR THE YEAR 2025 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	1	1							XXX
2. 2016.....												
3. 2017.....												
4. 2018.....	89	89		101	101	27	27	16	16			11
5. 2019.....	132	132		2	2			3	3			4
6. 2020.....	9	9						9	9			2
7. 2021.....	(1)	(1)										
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....	390	390		26	26			2	2			42
12. Totals	XXX	XXX	XXX	130	130	27	27	30	30			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		Adjusting and Other Unpaid				
	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.....	59	59							4	4			2
2. 2016.....													
3. 2017.....													
4. 2018.....			2	2									
5. 2019.....			3	3			1	1					
6. 2020.....													
7. 2021.....													
8. 2022.....													
9. 2023.....													
10. 2024.....													
11. 2025.....	118	118	90	90			28	28	(7)	(7)			10
12. Totals	177	177	95	95			30	30	(3)	(3)			12

	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. 2016.....											
3. 2017.....											
4. 2018.....	146	146		164.1	164.1						
5. 2019.....	9	9		6.7	6.7						
6. 2020.....	9	9		103.1	103.1						
7. 2021.....											
8. 2022.....											
9. 2023.....											
10. 2024.....											
11. 2025.....	257	257		65.8	65.8						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2025 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.....	188.....	188.....	155.....	155.....	65.....	65.....			XXX.....
2. 2016.....	16,069.....	16,069.....		12,656.....	12,656.....	876.....	876.....	1,043.....	1,043.....			248.....
3. 2017.....	16,405.....	16,405.....		38,294.....	38,294.....	1,276.....	1,276.....	4,465.....	4,465.....			258.....
4. 2018.....	17,047.....	17,047.....		39,524.....	39,524.....	888.....	888.....	3,485.....	3,485.....			330.....
5. 2019.....	18,676.....	18,676.....		14,314.....	14,314.....	361.....	361.....	5,217.....	5,217.....			287.....
6. 2020.....	17,698.....	17,698.....		14,902.....	14,902.....	247.....	247.....	1,826.....	1,826.....			198.....
7. 2021.....	15,517.....	15,517.....		6,661.....	6,661.....	822.....	822.....	1,178.....	1,178.....			194.....
8. 2022.....	16,938.....	16,938.....		6,767.....	6,767.....	577.....	577.....	908.....	908.....			193.....
9. 2023.....	16,557.....	16,557.....		6,852.....	6,852.....	91.....	91.....	1,144.....	1,144.....			188.....
10. 2024.....	10,227.....	10,227.....		2,949.....	2,949.....	86.....	86.....	291.....	291.....			151.....
11. 2025.....	8,699.....	8,699.....		813.....	813.....	11.....	11.....	81.....	81.....			78.....
12. Totals.....	XXX.....	XXX.....	XXX.....	143,921.....	143,921.....	5,390.....	5,390.....	19,701.....	19,701.....			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	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	300.....	300.....	103.....	103.....	29.....	29.....	(47).....	(47).....					364.....
2. 2016.....	50.....	50.....	78.....	78.....	59.....	59.....							1.....
3. 2017.....			111.....	111.....			14.....	14.....	11.....	11.....			
4. 2018.....	64.....	64.....	301.....	301.....	21.....	21.....	34.....	34.....	55.....	55.....			1.....
5. 2019.....	1,752.....	1,752.....	331.....	331.....	529.....	529.....	336.....	336.....	39.....	39.....			1.....
6. 2020.....	13,817.....	13,817.....	347.....	347.....	26.....	26.....	76.....	76.....	49.....	49.....			1.....
7. 2021.....	1,289.....	1,289.....	485.....	485.....	134.....	134.....	170.....	170.....	380.....	380.....			3.....
8. 2022.....	1,352.....	1,352.....	862.....	862.....	288.....	288.....	212.....	212.....	3.....	3.....			40.....
9. 2023.....	1,099.....	1,099.....	1,176.....	1,176.....	282.....	282.....	331.....	331.....	184.....	184.....			37.....
10. 2024.....	1,429.....	1,429.....	1,179.....	1,179.....	67.....	67.....	490.....	490.....	145.....	145.....			95.....
11. 2025.....	158.....	158.....	1,572.....	1,572.....	10.....	10.....	396.....	396.....	353.....	353.....			60.....
12. Totals.....	21,309.....	21,309.....	6,546.....	6,546.....	1,444.....	1,444.....	2,012.....	2,012.....	1,219.....	1,219.....			603.....

	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	27	28	29	30	31	32	33		35	36
	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. 2016.....	14,761.....	14,761.....		91.9.....	91.9.....						
3. 2017.....	44,171.....	44,171.....		269.3.....	269.3.....						
4. 2018.....	44,372.....	44,372.....		260.3.....	260.3.....						
5. 2019.....	22,878.....	22,878.....		122.5.....	122.5.....						
6. 2020.....	31,290.....	31,290.....		176.8.....	176.8.....						
7. 2021.....	11,120.....	11,120.....		71.7.....	71.7.....						
8. 2022.....	10,969.....	10,969.....		64.8.....	64.8.....						
9. 2023.....	11,159.....	11,159.....		67.4.....	67.4.....						
10. 2024.....	6,637.....	6,637.....		64.9.....	64.9.....						
11. 2025.....	3,394.....	3,394.....		39.0.....	39.0.....						
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	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. 2016.....	394	394										XXX
3. 2017.....	454	454		31	31			1	1			XXX
4. 2018.....	418	418		59	59			3	3			XXX
5. 2019.....	458	458		83	83			1	1			XXX
6. 2020.....	548	548				12	12	2	2			XXX
7. 2021.....	476	476						1	1			XXX
8. 2022.....	446	446		26	26			1	1			XXX
9. 2023.....	520	520		33	33			1	1			XXX
10. 2024.....	383	383		5	5	1	1	1	1			XXX
11. 2025.....	94	94										XXX
12. Totals	XXX	XXX	XXX	236	236	13	13	11	11			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. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....					1	1			3	3			
6. 2020.....			(4)	(4)									
7. 2021.....			(12)	(12)									
8. 2022.....			3	3									
9. 2023.....			12	12			1	1					
10. 2024.....			25	25									
11. 2025.....			32	32			6	6					
12. Totals			56	56	1	1	8	8	3	3			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	27	28	29	30	31	32	33		35	36
	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. 2016.....											
3. 2017.....	32	32		7.0	7.0						
4. 2018.....	62	62		14.8	14.8						
5. 2019.....	88	88		19.3	19.3						
6. 2020.....	10	10		1.9	1.9						
7. 2021.....	(11)	(11)		(2.4)	(2.4)						
8. 2022.....	30	30		6.7	6.7						
9. 2023.....	48	48		9.2	9.2						
10. 2024.....	31	31		8.2	8.2						
11. 2025.....	39	39		41.0	41.0						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
	1. Prior.....	XXX.....	XXX.....	XXX.....	5,381.....	5,381.....	388.....	388.....	125.....			
2. 2016.....	69,060.....	69,060.....		64,493.....	64,493.....	5,255.....	5,255.....	4,263.....	4,263.....		437.....	
3. 2017.....	60,603.....	60,603.....		61,996.....	61,996.....	4,085.....	4,085.....	2,595.....	2,595.....		454.....	
4. 2018.....	50,719.....	50,719.....		42,096.....	42,096.....	1,685.....	1,685.....	1,873.....	1,873.....		381.....	
5. 2019.....	46,796.....	46,796.....		35,266.....	35,266.....	1,978.....	1,978.....	2,316.....	2,316.....		325.....	
6. 2020.....	40,404.....	40,404.....		21,029.....	21,029.....	1,480.....	1,480.....	1,447.....	1,447.....		185.....	
7. 2021.....	29,495.....	29,495.....		19,782.....	19,782.....	1,432.....	1,432.....	2,305.....	2,305.....		191.....	
8. 2022.....	23,642.....	23,642.....		6,841.....	6,841.....	693.....	693.....	2,790.....	2,790.....		236.....	
9. 2023.....	22,991.....	22,991.....		2,897.....	2,897.....	356.....	356.....	1,037.....	1,037.....		141.....	
10. 2024.....	24,661.....	24,661.....		1,883.....	1,883.....	130.....	130.....	393.....	393.....		43.....	
11. 2025.....	29,049.....	29,049.....		444.....	444.....	7.....	7.....	345.....	345.....		35.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	262,108.....	262,108.....	17,489.....	17,489.....	19,489.....	19,489.....		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	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	2,073.....	2,073.....	3,235.....	3,235.....	(213).....	(213).....	(292).....	(292).....	(66).....	(66).....			1,779.....
2. 2016.....	4,740.....	4,740.....	965.....	965.....	329.....	329.....	13.....	13.....	18.....	18.....			2.....
3. 2017.....	3,885.....	3,885.....	2,035.....	2,035.....	101.....	101.....	201.....	201.....	6.....	6.....			4.....
4. 2018.....	2,422.....	2,422.....	2,540.....	2,540.....	132.....	132.....	184.....	184.....	66.....	66.....			2.....
5. 2019.....	3,300.....	3,300.....	3,164.....	3,164.....	138.....	138.....	706.....	706.....	383.....	383.....			5.....
6. 2020.....	4,077.....	4,077.....	4,203.....	4,203.....	124.....	124.....	789.....	789.....	(27).....	(27).....			10.....
7. 2021.....	1,448.....	1,448.....	6,400.....	6,400.....	204.....	204.....	410.....	410.....	24.....	24.....			9.....
8. 2022.....	3,194.....	3,194.....	4,735.....	4,735.....	479.....	479.....	511.....	511.....	323.....	323.....			20.....
9. 2023.....	2,054.....	2,054.....	6,701.....	6,701.....	528.....	528.....	1,004.....	1,004.....	(713).....	(713).....			25.....
10. 2024.....	476.....	476.....	8,559.....	8,559.....	118.....	118.....	1,666.....	1,666.....	(35).....	(35).....			6.....
11. 2025.....	583.....	583.....	13,821.....	13,821.....	89.....	89.....	1,890.....	1,890.....	713.....	713.....			14.....
12. Totals.....	28,254.....	28,254.....	56,358.....	56,358.....	2,029.....	2,029.....	7,082.....	7,082.....	692.....	692.....			1,876.....

	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	27	28	29	30	31	32	33		35	36
	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. 2016.....	80,076.....	80,076.....		116.0.....	116.0.....						
3. 2017.....	74,904.....	74,904.....		123.6.....	123.6.....						
4. 2018.....	50,998.....	50,998.....		100.5.....	100.5.....						
5. 2019.....	47,251.....	47,251.....		101.0.....	101.0.....						
6. 2020.....	33,121.....	33,121.....		82.0.....	82.0.....						
7. 2021.....	32,006.....	32,006.....		108.5.....	108.5.....						
8. 2022.....	19,565.....	19,565.....		82.8.....	82.8.....						
9. 2023.....	13,865.....	13,865.....		60.3.....	60.3.....						
10. 2024.....	13,192.....	13,192.....		53.5.....	53.5.....						
11. 2025.....	17,891.....	17,891.....		61.6.....	61.6.....						
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
	1. Prior.....	XXX.....	XXX.....	XXX.....			185.....	185.....				
2. 2016.....	115,523.....	115,523.....		32,012.....	32,012.....	19,795.....	19,795.....	2,232.....	2,232.....			289.....
3. 2017.....	116,744.....	116,744.....		29,788.....	29,788.....	26,606.....	26,606.....	1,817.....	1,817.....			275.....
4. 2018.....	118,601.....	118,601.....		32,644.....	32,644.....	33,175.....	33,175.....	1,925.....	1,925.....			332.....
5. 2019.....	116,367.....	116,367.....		40,261.....	40,261.....	29,410.....	29,410.....	4,218.....	4,218.....			353.....
6. 2020.....	129,165.....	129,165.....		31,119.....	31,119.....	30,321.....	30,321.....	2,937.....	2,937.....			363.....
7. 2021.....	169,374.....	169,374.....		40,296.....	40,296.....	28,105.....	28,105.....	3,253.....	3,253.....			358.....
8. 2022.....	200,514.....	200,514.....		31,916.....	31,916.....	33,084.....	33,084.....	8,550.....	8,550.....			343.....
9. 2023.....	195,299.....	195,299.....		26,497.....	26,497.....	17,647.....	17,647.....	4,487.....	4,487.....			326.....
10. 2024.....	173,805.....	173,805.....		22,669.....	22,669.....	14,406.....	14,406.....	2,114.....	2,114.....			317.....
11. 2025.....	178,616.....	178,616.....		7,995.....	7,995.....	2,223.....	2,223.....	2,209.....	2,209.....			237.....
12. Totals.....	XXX.....	XXX.....	XXX.....	295,197.....	295,197.....	234,956.....	234,956.....	33,743.....	33,743.....			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	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	10,000.....	10,000.....	3,251.....	3,251.....	50.....	50.....	264.....	264.....					597.....
2. 2016.....	41.....	41.....	31.....	31.....	48.....	48.....	27.....	27.....					1.....
3. 2017.....			635.....	635.....			181.....	181.....					
4. 2018.....	75.....	75.....	1,568.....	1,568.....	138.....	138.....	259.....	259.....	37.....	37.....			
5. 2019.....	600.....	600.....	3,233.....	3,233.....	457.....	457.....	721.....	721.....	43.....	43.....			1.....
6. 2020.....	772.....	772.....	2,672.....	2,672.....	460.....	460.....	771.....	771.....	57.....	57.....			3.....
7. 2021.....	789.....	789.....	4,111.....	4,111.....	2,064.....	2,064.....	1,568.....	1,568.....	212.....	212.....			4.....
8. 2022.....	6,876.....	6,876.....	8,413.....	8,413.....	2,812.....	2,812.....	2,831.....	2,831.....	555.....	555.....			23.....
9. 2023.....	4,157.....	4,157.....	17,416.....	17,416.....	3,836.....	3,836.....	6,234.....	6,234.....	215.....	215.....			67.....
10. 2024.....	10,414.....	10,414.....	23,875.....	23,875.....	6,021.....	6,021.....	12,106.....	12,106.....	1,012.....	1,012.....			135.....
11. 2025.....	10,257.....	10,257.....	35,553.....	35,553.....	9,100.....	9,100.....	23,007.....	23,007.....	4,654.....	4,654.....			171.....
12. Totals.....	43,981.....	43,981.....	100,757.....	100,757.....	24,986.....	24,986.....	47,969.....	47,969.....	6,785.....	6,785.....			1,002.....

	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	27	28	29	30	31	32	33		35	36
	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. 2016.....	54,186.....	54,186.....		46.9.....	46.9.....						
3. 2017.....	59,026.....	59,026.....		50.6.....	50.6.....						
4. 2018.....	69,821.....	69,821.....		58.9.....	58.9.....						
5. 2019.....	78,943.....	78,943.....		67.8.....	67.8.....						
6. 2020.....	69,110.....	69,110.....		53.5.....	53.5.....						
7. 2021.....	80,398.....	80,398.....		47.5.....	47.5.....						
8. 2022.....	95,037.....	95,037.....		47.4.....	47.4.....						
9. 2023.....	80,487.....	80,487.....		41.2.....	41.2.....						
10. 2024.....	92,618.....	92,618.....		53.3.....	53.3.....						
11. 2025.....	94,997.....	94,997.....		53.2.....	53.2.....						
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY**  
**SCHEDULE P - PART 11 - 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	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)							XXX
2. 2016.....	9,686	9,686		3,634	3,634	46	46	334	334			XXX
3. 2017.....	10,447	10,447		3,955	3,955	72	72	343	343			XXX
4. 2018.....	10,066	10,066		3,991	3,991	74	74	562	562			XXX
5. 2019.....	8,967	8,967		3,669	3,669	30	30	663	663			XXX
6. 2020.....	9,541	9,541		8,040	8,040	51	51	643	643			XXX
7. 2021.....	12,094	12,094		5,351	5,351	233	233	407	407			XXX
8. 2022.....	12,120	12,120		3,514	3,514	66	66	383	383			XXX
9. 2023.....	12,049	12,049		3,240	3,240	97	97	401	401			XXX
10. 2024.....	10,981	10,981		4,682	4,682	135	135	226	226			XXX
11. 2025.....	8,911	8,911		679	679	2	2	79	79			XXX
12. Totals	XXX	XXX	XXX	40,744	40,744	805	805	4,041	4,041			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.....	(8)	(8)					(2)	(2)	1	1			160
2. 2016.....	53	53	(1)	(1)									
3. 2017.....	(54)	(54)					(1)	(1)					
4. 2018.....			(1)	(1)					(2)	(2)			
5. 2019.....			(2)	(2)			2	2					
6. 2020.....	3,191	3,191	28	28	4	4	3	3	3	3			
7. 2021.....	(3)	(3)	79	79	157	157	(10)	(10)	23	23			
8. 2022.....	3	3	241	241			15	15	91	91			1
9. 2023.....	96	96	71	71			39	39	74	74			2
10. 2024.....	1,233	1,233	350	350	80	80	43	43	59	59			6
11. 2025.....	60	60	1,890	1,890	1	1	470	470	302	302			11
12. Totals	4,571	4,571	2,654	2,654	242	242	560	560	552	552			180

	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	27	28	29	30	31	32	33		35	36
	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. 2016.....	4,066	4,066		42.0	42.0						
3. 2017.....	4,315	4,315		41.3	41.3						
4. 2018.....	4,624	4,624		45.9	45.9						
5. 2019.....	4,362	4,362		48.6	48.6						
6. 2020.....	11,962	11,962		125.4	125.4						
7. 2021.....	6,237	6,237		51.6	51.6						
8. 2022.....	4,313	4,313		35.6	35.6						
9. 2023.....	4,019	4,019		33.4	33.4						
10. 2024.....	6,808	6,808		62.0	62.0						
11. 2025.....	3,484	3,484		39.1	39.1						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2025 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.....	1.....	1.....	2.....	2.....					XXX.....
2. 2016.....	17,606.....	17,606.....		8,687.....	8,687.....	982.....	982.....	971.....	971.....			585.....
3. 2017.....	21,193.....	21,193.....		12,783.....	12,783.....	1,757.....	1,757.....	1,392.....	1,392.....			701.....
4. 2018.....	19,200.....	19,200.....		8,910.....	8,910.....	1,179.....	1,179.....	1,470.....	1,470.....			580.....
5. 2019.....	18,604.....	18,604.....		8,643.....	8,643.....	926.....	926.....	1,358.....	1,358.....			540.....
6. 2020.....	16,900.....	16,900.....		6,366.....	6,366.....	323.....	323.....	1,407.....	1,407.....			407.....
7. 2021.....	19,696.....	19,696.....		7,964.....	7,964.....	127.....	127.....	995.....	995.....			497.....
8. 2022.....	16,866.....	16,866.....		6,205.....	6,205.....	91.....	91.....	927.....	927.....			367.....
9. 2023.....	9,094.....	9,094.....		4,022.....	4,022.....	45.....	45.....	360.....	360.....			201.....
10. 2024.....	1,116.....	1,116.....		1,068.....	1,068.....	10.....	10.....	80.....	80.....			34.....
11. 2025.....	119.....	119.....		87.....	87.....			4.....	4.....			6.....
12. Totals	XXX	XXX	XXX	64,736	64,736	5,443	5,443	8,964	8,964			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		Adjusting and Other Unpaid				
	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.....			2.....	2.....	37.....	37.....	1.....	1.....	4.....	4.....			288.....
2. 2016.....					1.....	1.....							
3. 2017.....					17.....	17.....			53.....	53.....			
4. 2018.....							6.....	6.....					
5. 2019.....			1.....	1.....	1.....	1.....	9.....	9.....					
6. 2020.....			3.....	3.....			12.....	12.....	2.....	2.....			
7. 2021.....			(15).....	(15).....	1.....	1.....	50.....	50.....	96.....	96.....			
8. 2022.....	(5).....	(5).....	(18).....	(18).....	1.....	1.....	106.....	106.....	23.....	23.....			
9. 2023.....			(23).....	(23).....	24.....	24.....	60.....	60.....	84.....	84.....			
10. 2024.....	7.....	7.....	(11).....	(11).....	16.....	16.....	14.....	14.....	19.....	19.....			
11. 2025.....	1.....	1.....	5.....	5.....			11.....	11.....	50.....	50.....			1.....
12. Totals	3	3	(54)	(54)	99	99	268	268	331	331			289

	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. 2016.....	10,642.....	10,642.....		60.4.....	60.4.....						
3. 2017.....	16,002.....	16,002.....		75.5.....	75.5.....						
4. 2018.....	11,565.....	11,565.....		60.2.....	60.2.....						
5. 2019.....	10,937.....	10,937.....		58.8.....	58.8.....						
6. 2020.....	8,113.....	8,113.....		48.0.....	48.0.....						
7. 2021.....	9,218.....	9,218.....		46.8.....	46.8.....						
8. 2022.....	7,331.....	7,331.....		43.5.....	43.5.....						
9. 2023.....	4,573.....	4,573.....		50.3.....	50.3.....						
10. 2024.....	1,203.....	1,203.....		107.8.....	107.8.....						
11. 2025.....	158.....	158.....		132.8.....	132.8.....						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2016.....	1	1										XXX
3. 2017.....												XXX
4. 2018.....												XXX
5. 2019.....				7	7							XXX
6. 2020.....												XXX
7. 2021.....	1	1										XXX
8. 2022.....	3	3										XXX
9. 2023.....	4	4		2	2							XXX
10. 2024.....	4	4		5	5							XXX
11. 2025.....												XXX
12. Totals	XXX	XXX	XXX	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		Adjusting and Other Unpaid				
	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.....													
2. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....													
6. 2020.....													
7. 2021.....													
8. 2022.....													
9. 2023.....													
10. 2024.....			1	1					38	38			
11. 2025.....									10	10			
12. Totals			2	2					48	48			

	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. 2016.....				0.1	0.1						
3. 2017.....				0.2	0.2						
4. 2018.....											
5. 2019.....	7	7									
6. 2020.....											
7. 2021.....				2.8	2.8						
8. 2022.....				2.8	2.8						
9. 2023.....	3	3		72.5	72.5						
10. 2024.....	44	44		1,126.0	1,126.0						
11. 2025.....	10	10		2,012.3	2,012.3						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2016.....	2	2										XXX
3. 2017.....	6	6		7	7							XXX
4. 2018.....	129	129		224	224							XXX
5. 2019.....	385	385		498	498							XXX
6. 2020.....	514	514		493	493							XXX
7. 2021.....	16	16		(221)	(221)			1	1			XXX
8. 2022.....	18	18										XXX
9. 2023.....	14	14										XXX
10. 2024.....												XXX
11. 2025.....												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 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		Adjusting and Other Unpaid				
	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.....													
2. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....													
6. 2020.....													
7. 2021.....													
8. 2022.....													
9. 2023.....													
10. 2024.....													
11. 2025.....													
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. 2016.....				0.2	0.2						
3. 2017.....	7	7		113.9	113.9						
4. 2018.....	224	224		173.6	173.6						
5. 2019.....	498	498		129.4	129.4						
6. 2020.....	493	493		95.9	95.9						
7. 2021.....	(220)	(220)		(1,374.1)	(1,374.1)						
8. 2022.....											
9. 2023.....				0.1	0.1						
10. 2024.....											
11. 2025.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....			161.....	161.....					XXX.....
2. 2016.....	1,122.....	1,122.....		1,619.....	1,619.....			10.....	10.....			9.....
3. 2017.....	704.....	704.....		215.....	215.....	195.....	195.....	15.....	15.....			11.....
4. 2018.....	189.....	189.....		66.....	66.....	73.....	73.....	11.....	11.....			8.....
5. 2019.....	192.....	192.....		203.....	203.....	45.....	45.....	16.....	16.....			10.....
6. 2020.....	228.....	228.....		50.....	50.....	133.....	133.....	20.....	20.....			7.....
7. 2021.....	529.....	529.....		223.....	223.....	150.....	150.....	17.....	17.....			10.....
8. 2022.....	1,249.....	1,249.....		410.....	410.....	271.....	271.....	25.....	25.....			26.....
9. 2023.....	1,106.....	1,106.....		78.....	78.....	232.....	232.....	22.....	22.....			23.....
10. 2024.....	1,419.....	1,419.....		116.....	116.....	509.....	509.....	24.....	24.....			15.....
11. 2025.....	2,032.....	2,032.....		35.....	35.....	76.....	76.....	10.....	10.....			11.....
12. Totals.....	XXX.....	XXX.....	XXX.....	3,015.....	3,015.....	1,846.....	1,846.....	171.....	171.....			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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	230.....	230.....	(9).....	(9).....	507.....	507.....	50.....	50.....	(59).....	(59).....			35.....
2. 2016.....			62.....	62.....			39.....	39.....					
3. 2017.....	25.....	25.....	101.....	101.....	32.....	32.....	59.....	59.....	(24).....	(24).....			2.....
4. 2018.....			(131).....	(131).....	29.....	29.....	35.....	35.....	112.....	112.....			
5. 2019.....			147.....	147.....			71.....	71.....					
6. 2020.....	80.....	80.....	228.....	228.....	35.....	35.....	84.....	84.....	(38).....	(38).....			
7. 2021.....			266.....	266.....	107.....	107.....	159.....	159.....	2.....	2.....			2.....
8. 2022.....	900.....	900.....	261.....	261.....	121.....	121.....	196.....	196.....	31.....	31.....			3.....
9. 2023.....	336.....	336.....	460.....	460.....	112.....	112.....	211.....	211.....	(669).....	(669).....			2.....
10. 2024.....	480.....	480.....	507.....	507.....	227.....	227.....	271.....	271.....	45.....	45.....			3.....
11. 2025.....	206.....	206.....	833.....	833.....	118.....	118.....	213.....	213.....	54.....	54.....			9.....
12. Totals.....	2,258.....	2,258.....	2,727.....	2,727.....	1,287.....	1,287.....	1,388.....	1,388.....	(546).....	(546).....			56.....

	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. 2016.....	1,731.....	1,731.....		154.2.....	154.2.....						
3. 2017.....	617.....	617.....		87.6.....	87.6.....						
4. 2018.....	196.....	196.....		103.8.....	103.8.....						
5. 2019.....	482.....	482.....		250.9.....	250.9.....						
6. 2020.....	592.....	592.....		259.7.....	259.7.....						
7. 2021.....	924.....	924.....		174.7.....	174.7.....						
8. 2022.....	2,216.....	2,216.....		177.4.....	177.4.....						
9. 2023.....	782.....	782.....		70.7.....	70.7.....						
10. 2024.....	2,180.....	2,180.....		153.7.....	153.7.....						
11. 2025.....	1,547.....	1,547.....		76.1.....	76.1.....						
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....	7	7										
7. 2021.....	351	351						1	1			
8. 2022.....	483	483		5	5			1	1			
9. 2023.....	409	409						1	1			
10. 2024.....	424	424						6	6			
11. 2025.....	579	579						2	2			
12. Totals	XXX	XXX	XXX	5	5			12	12			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		Other Unpaid				
	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.....													
2. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....													
6. 2020.....													
7. 2021.....													
8. 2022.....			3	3									
9. 2023.....			7	7									
10. 2024.....			(36)	(36)									
11. 2025.....			279	279			36	36					
12. Totals			253	253			36	36					

	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. 2016.....											
3. 2017.....											
4. 2018.....											
5. 2019.....											
6. 2020.....											
7. 2021.....	1	1		0.3	0.3						
8. 2022.....	9	9		2.0	2.0						
9. 2023.....	8	8		2.0	2.0						
10. 2024.....	(29)	(29)		(6.9)	(6.9)						
11. 2025.....	317	317		54.7	54.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2016.....												XXX
3. 2017.....												XXX
4. 2018.....												XXX
5. 2019.....												XXX
6. 2020.....												XXX
7. 2021.....												XXX
8. 2022.....												XXX
9. 2023.....												XXX
10. 2024.....												XXX
11. 2025.....												XXX
12. Totals	XXX	XXX	XXX									XXX

**NONE**

	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		Other Unpaid				
	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.....													
2. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....													
6. 2020.....													
7. 2021.....													
8. 2022.....													
9. 2023.....													
10. 2024.....													
11. 2025.....													
12. Totals													

**NONE**

	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. 2016.....											
3. 2017.....											
4. 2018.....											
5. 2019.....											
6. 2020.....											
7. 2021.....											
8. 2022.....											
9. 2023.....											
10. 2024.....											
11. 2025.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....	1	1										
11. 2025.....	2	2										
12. Totals	XXX	XXX	XXX									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		Adjusting and Other Unpaid				
	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.....													
2. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....													
6. 2020.....													
7. 2021.....													
8. 2022.....													
9. 2023.....													
10. 2024.....													
11. 2025.....			(1)	(1)									
12. Totals			(1)	(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. 2016.....											
3. 2017.....											
4. 2018.....											
5. 2019.....											
6. 2020.....											
7. 2021.....											
8. 2022.....											
9. 2023.....				25.8	25.8						
10. 2024.....				3.6	3.6						
11. 2025.....	(1)	(1)		(24.0)	(24.0)						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1U - Pet Insurance Plans

**NONE**

Schedule P - Part 2A - Homeowners/Farmowners

**NONE**

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

**NONE**

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

**NONE**

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

**NONE**

Schedule P - Part 2E - Commercial Multiple Peril

**NONE**

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

**NONE**

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

**NONE**

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**NONE**

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

**NONE**

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

**NONE**

Schedule P - Part 2I - Special Property

**NONE**

Schedule P - Part 2J - Auto Physical Damage

**NONE**

Schedule P - Part 2K - Fidelity/Surety

**NONE**

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 2M - International

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**NONE**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**NONE**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 2T - Warranty

**NONE**

Schedule P - Part 2U - Pet Insurance Plans

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS**

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	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior.....	000.....											1	
2. 2016.....												13	9
3. 2017.....	XXX.....											9	5
4. 2018.....	XXX.....	XXX.....										15	3
5. 2019.....	XXX.....	XXX.....	XXX.....									17	4
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								16	14
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							42	15
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						32	22
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				13	16
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			8	5
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		5	7

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

1. Prior.....	000.....												
2. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....											
5. 2019.....	XXX.....	XXX.....	XXX.....										
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

NONE

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

1. Prior.....	000.....											178	50
2. 2016.....												577	468
3. 2017.....	XXX.....											650	497
4. 2018.....	XXX.....	XXX.....										548	388
5. 2019.....	XXX.....	XXX.....	XXX.....									580	408
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								374	279
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							463	370
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						345	296
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				175	164
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			29	23
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		1	2

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

1. Prior.....	000.....											1	1
2. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....										10	1
5. 2019.....	XXX.....	XXX.....	XXX.....									2	2
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									2
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		19	13

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	000.....											61	47
2. 2016.....												127	120
3. 2017.....	XXX.....											145	113
4. 2018.....	XXX.....	XXX.....										172	157
5. 2019.....	XXX.....	XXX.....	XXX.....									136	150
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								72	125
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							99	92
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						78	75
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				71	80
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			28	28
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		12	6

ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior.....	000.....												
2. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....											
5. 2019.....	XXX.....	XXX.....	XXX.....										
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				

NONE

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

1. Prior.....	000.....												
2. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....											
5. 2019.....	XXX.....	XXX.....	XXX.....										
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				

NONE

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

1. Prior.....	000.....											XXX.....	XXX.....
2. 2016.....												XXX.....	XXX.....
3. 2017.....	XXX.....											XXX.....	XXX.....
4. 2018.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2019.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

NONE

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

1. Prior.....	000.....											339.....	323.....
2. 2016.....												229.....	206.....
3. 2017.....	XXX.....											249.....	201.....
4. 2018.....	XXX.....	XXX.....										221.....	158.....
5. 2019.....	XXX.....	XXX.....	XXX.....									176.....	144.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								100.....	75.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							78.....	104.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						79.....	137.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					55.....	61.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				21.....	16.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		12.....	9.....

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

1. Prior.....	000.....											171.....	.....
2. 2016.....												193.....	95.....
3. 2017.....	XXX.....											192.....	83.....
4. 2018.....	XXX.....	XXX.....										250.....	82.....
5. 2019.....	XXX.....	XXX.....	XXX.....									277.....	75.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								268.....	92.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							251.....	103.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						224.....	96.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					188.....	71.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				117.....	65.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		43.....	23.....

**ANNUAL STATEMENT FOR THE YEAR 2025 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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025		
1. Prior.....	000										XXX	XXX
2. 2016.....											XXX	XXX
3. 2017.....	XXX										XXX	XXX
4. 2018.....	XXX	XXX									XXX	XXX
5. 2019.....	XXX	XXX	XXX								XXX	XXX
6. 2020.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior.....	000											3	3
2. 2016.....												388	197
3. 2017.....	XXX											460	241
4. 2018.....	XXX	XXX										381	199
5. 2019.....	XXX	XXX	XXX									319	221
6. 2020.....	XXX	XXX	XXX	XXX								252	155
7. 2021.....	XXX	XXX	XXX	XXX	XXX							309	188
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						232	135
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					136	65
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				20	14
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		4	1

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior.....	000											XXX	XXX
2. 2016.....												XXX	XXX
3. 2017.....	XXX											XXX	XXX
4. 2018.....	XXX	XXX										XXX	XXX
5. 2019.....	XXX	XXX	XXX									XXX	XXX
6. 2020.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

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

1. Prior.....	000											XXX	XXX
2. 2016.....												XXX	XXX
3. 2017.....	XXX											XXX	XXX
4. 2018.....	XXX	XXX										XXX	XXX
5. 2019.....	XXX	XXX	XXX									XXX	XXX
6. 2020.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior.....	000											XXX	XXX
2. 2016.....												XXX	XXX
3. 2017.....	XXX											XXX	XXX
4. 2018.....	XXX	XXX										XXX	XXX
5. 2019.....	XXX	XXX	XXX									XXX	XXX
6. 2020.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior.....	000.....											XXX.....	XXX.....
2. 2016.....												XXX.....	XXX.....
3. 2017.....	XXX.....											XXX.....	XXX.....
4. 2018.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2019.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

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

1. Prior.....	000.....											XXX.....	XXX.....
2. 2016.....												XXX.....	XXX.....
3. 2017.....	XXX.....											XXX.....	XXX.....
4. 2018.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2019.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

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

1. Prior.....	000.....											XXX.....	XXX.....
2. 2016.....												XXX.....	XXX.....
3. 2017.....	XXX.....											XXX.....	XXX.....
4. 2018.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2019.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior.....	000											45	14
2. 2016.....												6	3
3. 2017.....	XXX											7	2
4. 2018.....	XXX	XXX										5	3
5. 2019.....	XXX	XXX	XXX									7	3
6. 2020.....	XXX	XXX	XXX	XXX								5	2
7. 2021.....	XXX	XXX	XXX	XXX	XXX							4	4
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						7	16
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					4	17
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				4	8
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2

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

1. Prior.....	000												
2. 2016.....													
3. 2017.....	XXX												
4. 2018.....	XXX	XXX											
5. 2019.....	XXX	XXX	XXX										
6. 2020.....	XXX	XXX	XXX	XXX									
7. 2021.....	XXX	XXX	XXX	XXX	XXX								
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

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

1. Prior.....	000											XXX	XXX
2. 2016.....												XXX	XXX
3. 2017.....	XXX											XXX	XXX
4. 2018.....	XXX	XXX										XXX	XXX
5. 2019.....	XXX	XXX	XXX									XXX	XXX
6. 2020.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

**SCHEDULE P - PART 3T - WARRANTY**

1. Prior.....	000												
2. 2016.....													
3. 2017.....	XXX												
4. 2018.....	XXX	XXX											
5. 2019.....	XXX	XXX	XXX										
6. 2020.....	XXX	XXX	XXX	XXX									
7. 2021.....	XXX	XXX	XXX	XXX	XXX								
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

**SCHEDULE P - PART 3U - PET INSURANCE PLANS**

1. Prior.....	000											XXX	XXX
2. 2016.....												XXX	XXX
3. 2017.....	XXX											XXX	XXX
4. 2018.....	XXX	XXX										XXX	XXX
5. 2019.....	XXX	XXX	XXX									XXX	XXX
6. 2020.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

Schedule P - Part 4A - Homeowners/Farmowners

**NONE**

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

**NONE**

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

**NONE**

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

**NONE**

Schedule P - Part 4E - Commercial Multiple Peril

**NONE**

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**NONE**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**NONE**

Schedule P - Part 4G - Special Liability

**NONE**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**NONE**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**NONE**

Schedule P - Part 4I - Special Property

**NONE**

Schedule P - Part 4J - Auto Physical Damage

**NONE**

Schedule P - Part 4K - Fidelity/Surety

**NONE**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 4M - International

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**NONE**

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

**NONE**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 4T - Warranty

**NONE**

Schedule P - Part 4U - Pet Insurance Plans

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	2	1								
2. 2016.....	13	13	13	13	13	13	13	13	13	13
3. 2017.....	XXX	6	8	9	9	9	9	9	9	9
4. 2018.....	XXX	XXX	12	15	15	15	15	15	15	15
5. 2019.....	XXX	XXX	XXX	12	16	17	17	17	17	17
6. 2020.....	XXX	XXX	XXX	XXX	9	15	16	16	16	16
7. 2021.....	XXX	XXX	XXX	XXX	XXX	28	42	42	42	42
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	27	32	32	32
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	13	13
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	8
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	30	29	29		29	29	29	29	29	29
2. 2016.....	2									
3. 2017.....	XXX	3	1	(1)						
4. 2018.....	XXX	XXX	5							
5. 2019.....	XXX	XXX	XXX	(1)	1					
6. 2020.....	XXX	XXX	XXX	XXX	9	1	1			
7. 2021.....	XXX	XXX	XXX	XXX	XXX	11				
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	7	1		
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1	1
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	1									
2. 2016.....	21	22	22	22	22	22	22	22	22	22
3. 2017.....	XXX	11	14	13	14	14	14	14	14	14
4. 2018.....	XXX	XXX	18	18	18	18	18	18	18	18
5. 2019.....	XXX	XXX	XXX	13	21	21	21	21	21	21
6. 2020.....	XXX	XXX	XXX	XXX	25	29	30	30	30	30
7. 2021.....	XXX	XXX	XXX	XXX	XXX	46	57	57	57	57
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	50	54	53	54
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	29	30
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	13
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	295	95	47	24	7	3	1		1	
2. 2016	255	472	529	562	574	575	576	576	577	577
3. 2017	XXX	323	519	586	614	635	646	650	650	650
4. 2018	XXX	XXX	277	455	507	524	539	548	548	548
5. 2019	XXX	XXX	XXX	302	480	535	556	573	580	580
6. 2020	XXX	XXX	XXX	XXX	183	308	340	359	367	374
7. 2021	XXX	XXX	XXX	XXX	XXX	217	377	432	457	463
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	172	294	326	345
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110	162	175
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	29
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	1,731	1,653	1,612	(1)	1,597	1,595	1,595	1,595	1,595	1,595
2. 2016	391	82	29	(1)		2		2		
3. 2017	XXX	373	92	(5)	26	10	2			
4. 2018	XXX	XXX	316	(5)	28	14	7			
5. 2019	XXX	XXX	XXX	18	86	30	15	4	2	3
6. 2020	XXX	XXX	XXX	XXX	238	58	28	7	4	
7. 2021	XXX	XXX	XXX	XXX	XXX	295	71	26	9	3
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	218	58	24	8
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	107	32	14
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	3
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	162	47	20	9	11	2	1		1	
2. 2016	885	987	1,017	1,025	1,039	1,043	1,044	1,046	1,045	1,045
3. 2017	XXX	981	1,067	1,061	1,132	1,141	1,145	1,147	1,147	1,147
4. 2018	XXX	XXX	798	807	916	924	933	935	935	936
5. 2019	XXX	XXX	XXX	538	927	952	969	983	988	991
6. 2020	XXX	XXX	XXX	XXX	571	620	640	642	649	653
7. 2021	XXX	XXX	XXX	XXX	XXX	733	800	825	835	836
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	573	632	644	649
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	311	347	353
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	55
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....								1		
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX	2	5	10	10	10	10	10	10
5. 2019.....	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	134	134	134		134	4	3	2	2	2
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX	22	5	109					
5. 2019.....	XXX	XXX	XXX		9					
6. 2020.....	XXX	XXX	XXX	XXX	4					
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX	25	11	120	11	11	11	11	11
5. 2019.....	XXX	XXX	XXX	4	13	4	4	4	4	4
6. 2020.....	XXX	XXX	XXX	XXX	6	2	2	2	2	2
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	74	30	10	9	4	3	1	2	1	1
2. 2016.....	62	92	104	111	118	123	125	125	126	127
3. 2017.....	XXX	64	104	123	131	139	143	144	144	145
4. 2018.....	XXX	XXX	83	120	145	156	166	168	171	172
5. 2019.....	XXX	XXX	XXX	54	97	109	116	131	135	136
6. 2020.....	XXX	XXX	XXX	XXX	26	59	64	67	68	72
7. 2021.....	XXX	XXX	XXX	XXX	XXX	50	79	86	96	99
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	43	63	73	78
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	59	71
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	28
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	414	380	371		368	363	364	365	365	364
2. 2016.....	64	20	21	(1)	4	2				1
3. 2017.....	XXX	83	29		12	5	1	1		
4. 2018.....	XXX	XXX	102	(1)	25	12	5	4	2	1
5. 2019.....	XXX	XXX	XXX		32	24	16	6	2	1
6. 2020.....	XXX	XXX	XXX	XXX	65	14	9	5	6	1
7. 2021.....	XXX	XXX	XXX	XXX	XXX	51	17	12	10	3
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	44	22	41	40
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	31	37
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	95
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	60

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	55	19	6	6	14	3	3	5	1	
2. 2016.....	175	207	230	222	239	242	244	245	246	248
3. 2017.....	XXX	192	227	229	254	255	257	258	257	258
4. 2018.....	XXX	XXX	241	242	310	319	325	328	329	330
5. 2019.....	XXX	XXX	XXX	117	247	271	277	287	287	287
6. 2020.....	XXX	XXX	XXX	XXX	166	182	192	196	199	198
7. 2021.....	XXX	XXX	XXX	XXX	XXX	142	171	183	193	194
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	123	154	188	193
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	159	188
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	71	151
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	112	89	102	78	23	11	11	14	4	7
2. 2016.....	20	38	76	138	171	183	205	213	220	229
3. 2017.....	XXX	27	53	108	152	189	219	231	242	249
4. 2018.....	XXX	XXX	19	50	84	118	166	199	217	221
5. 2019.....	XXX	XXX	XXX	17	46	67	104	151	167	176
6. 2020.....	XXX	XXX	XXX	XXX	16	34	52	74	89	100
7. 2021.....	XXX	XXX	XXX	XXX	XXX	11	35	56	75	78
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	21	49	68	79
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	42	55
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	21
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	2,004	1,962	1,886	2	1,814	1,789	1,789	1,787	1,782	1,779
2. 2016.....	75	97	90	(4)	58	16	18	7	5	2
3. 2017.....	XXX	70	85	(1)	97	36	19	11	3	4
4. 2018.....	XXX	XXX	55	3	118	68	35	17	9	2
5. 2019.....	XXX	XXX	XXX	3	75	64	58	19	11	5
6. 2020.....	XXX	XXX	XXX	XXX	35	33	40	27	11	10
7. 2021.....	XXX	XXX	XXX	XXX	XXX	74	43	28	9	9
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	98	39	36	20
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	25	25
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	6
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	200	152	101	30	77	11	25	21	7	8
2. 2016.....	114	194	272	273	386	373	411	414	422	437
3. 2017.....	XXX	124	196	189	374	378	426	434	442	454
4. 2018.....	XXX	XXX	98	96	267	282	340	371	382	381
5. 2019.....	XXX	XXX	XXX	46	182	213	277	302	319	325
6. 2020.....	XXX	XXX	XXX	XXX	70	100	140	164	172	185
7. 2021.....	XXX	XXX	XXX	XXX	XXX	102	149	174	182	191
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	153	196	221	236
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	118	141
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	43
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	226	105	36	19	6	3	1	1		
2. 2016.....	40	128	167	188	190	192	193	193	193	193
3. 2017.....	XXX	46	130	169	178	184	190	191	192	192
4. 2018.....	XXX	XXX	53	173	217	233	244	247	249	250
5. 2019.....	XXX	XXX	XXX	62	194	246	265	272	273	277
6. 2020.....	XXX	XXX	XXX	XXX	103	191	238	256	262	268
7. 2021.....	XXX	XXX	XXX	XXX	XXX	67	156	211	241	251
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	44	152	205	224
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	144	188
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	117
11. 2025.....	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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	700	628	612	1	599	598	597	598	597	597
2. 2016.....	86	57	22	1		1		1		1
3. 2017.....	XXX	94	52	(1)	1	4	1			
4. 2018.....	XXX	XXX	101	(8)	28	8	3	1		
5. 2019.....	XXX	XXX	XXX	(3)	66	22	7	2	2	1
6. 2020.....	XXX	XXX	XXX	XXX	128	54	16	6	2	3
7. 2021.....	XXX	XXX	XXX	XXX	XXX	94	67	21	5	4
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	110	59	34	23
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105	97	67
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	135
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	171

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	217	66	41	14	8	3	1	2	(1)	
2. 2016.....	142	244	268	279	283	286	288	289	288	289
3. 2017.....	XXX	149	234	238	254	266	272	274	275	275
4. 2018.....	XXX	XXX	173	220	315	321	327	329	330	332
5. 2019.....	XXX	XXX	XXX	74	298	326	338	344	346	353
6. 2020.....	XXX	XXX	XXX	XXX	248	307	334	350	355	363
7. 2021.....	XXX	XXX	XXX	XXX	XXX	174	281	314	343	358
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	170	276	320	343
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146	289	326
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	198	317
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	237

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	29	21	12	7	1		1	1	2	
2. 2016.....	2	3	5	6	6	6	6	6	6	6
3. 2017.....	XXX	1	5	5	5	6	6	7	7	7
4. 2018.....	XXX	XXX	2	2	3	4	5	5	5	5
5. 2019.....	XXX	XXX	XXX	1	4	7	7	7	7	7
6. 2020.....	XXX	XXX	XXX	XXX	2	4	4	4	5	5
7. 2021.....	XXX	XXX	XXX	XXX	XXX		2	3	4	4
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX		5	6	7
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	4	4
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2025	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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	57	48	39	(2)	37	37	36	35	37	35
2. 2016.....	4	2								
3. 2017.....	XXX	4			2			1	1	2
4. 2018.....	XXX	XXX	1		1	1	2			
5. 2019.....	XXX	XXX	XXX		3					
6. 2020.....	XXX	XXX	XXX	XXX	2		1	3	1	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	3	3	2		2
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	11	4	2	3
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	2	2
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	3
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	7	8	3	3	2		1		4	(2)
2. 2016.....	6	6	7	9	9	9	9	9	9	9
3. 2017.....	XXX	6	7	7	9	8	8	10	10	11
4. 2018.....	XXX	XXX	3	2	4	5	7	6	6	8
5. 2019.....	XXX	XXX	XXX	2	9	9	9	9	10	10
6. 2020.....	XXX	XXX	XXX	XXX	5	5	7	9	8	7
7. 2021.....	XXX	XXX	XXX	XXX	XXX	4	6	7	8	10
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	14	21	23	26
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	21	23
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	15
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	1									
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	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	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**ANNUAL STATEMENT FOR THE YEAR 2025 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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	
3. 2017.....	XXX	40,889	40,889	40,889	40,889	40,889	40,889	40,889	40,889	40,889	
4. 2018.....	XXX	XXX	38,830	38,830	38,830	38,830	38,830	38,830	38,830	38,830	
5. 2019.....	XXX	XXX	XXX	44,395	44,395	44,395	44,395	44,395	44,395	44,395	
6. 2020.....	XXX	XXX	XXX	XXX	44,124	44,124	44,124	44,124	44,124	44,124	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	52,725	52,725	52,725	52,725	52,725	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	45,935	45,935	45,935	45,935	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,211	27,211	27,211	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,737	5,737	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,700)	(1,700)
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,700)
13. Earned Premiums (Sch P-Pt. 1)	37,062	40,889	38,830	44,395	44,124	52,725	45,935	27,211	5,737	(1,700)	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	37,062	
3. 2017.....	XXX	40,889	40,889	40,889	40,889	40,889	40,889	40,889	40,889	40,889	
4. 2018.....	XXX	XXX	38,830	38,830	38,830	38,830	38,830	38,830	38,830	38,830	
5. 2019.....	XXX	XXX	XXX	44,395	44,395	44,395	44,395	44,395	44,395	44,395	
6. 2020.....	XXX	XXX	XXX	XXX	44,124	44,124	44,124	44,124	44,124	44,124	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	52,725	52,725	52,725	52,725	52,725	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	45,935	45,935	45,935	45,935	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,211	27,211	27,211	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,737	5,737	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,700)	(1,700)
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,700)
13. Earned Premiums (Sch P-Pt. 1)	37,062	40,889	38,830	44,395	44,124	52,725	45,935	27,211	5,737	(1,700)	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX	89	89	89	89	89	89	89	89	
5. 2019.....	XXX	XXX	XXX	132	132	132	132	132	132	132	
6. 2020.....	XXX	XXX	XXX	XXX	9	9	9	9	9	9	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	(1)	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390	390
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390
13. Earned Premiums (Sch P-Pt. 1)			89	132	9	(1)				390	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX	89	89	89	89	89	89	89	89	
5. 2019.....	XXX	XXX	XXX	132	132	132	132	132	132	132	
6. 2020.....	XXX	XXX	XXX	XXX	9	9	9	9	9	9	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	(1)	(1)	(1)	(1)	(1)	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390	390
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390
13. Earned Premiums (Sch P-Pt. 1)			89	132	9	(1)				390	XXX

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	
3. 2017.....	XXX	16,405	16,405	16,405	16,405	16,405	16,405	16,405	16,405	16,405	
4. 2018.....	XXX	XXX	17,047	17,047	17,047	17,047	17,047	17,047	17,047	17,047	
5. 2019.....	XXX	XXX	XXX	18,676	18,676	18,676	18,676	18,676	18,676	18,676	
6. 2020.....	XXX	XXX	XXX	XXX	17,698	17,698	17,698	17,698	17,698	17,698	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	15,517	15,517	15,517	15,517	15,517	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	16,938	16,938	16,938	16,938	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,557	16,557	16,557	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,227	10,227	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,699	8,699
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,699
13. Earned Premiums (Sch P-Pt. 1)	16,069	16,405	17,047	18,676	17,698	15,517	16,938	16,557	10,227	8,699	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	16,069	
3. 2017.....	XXX	16,405	16,405	16,405	16,405	16,405	16,405	16,405	16,405	16,405	
4. 2018.....	XXX	XXX	17,047	17,047	17,047	17,047	17,047	17,047	17,047	17,047	
5. 2019.....	XXX	XXX	XXX	18,676	18,676	18,676	18,676	18,676	18,676	18,676	
6. 2020.....	XXX	XXX	XXX	XXX	17,698	17,698	17,698	17,698	17,698	17,698	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	15,517	15,517	15,517	15,517	15,517	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	16,938	16,938	16,938	16,938	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,557	16,557	16,557	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,227	10,227	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,699	8,699
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,699
13. Earned Premiums (Sch P-Pt. 1)	16,069	16,405	17,047	18,676	17,698	15,517	16,938	16,557	10,227	8,699	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	
3. 2017.....	XXX	60,603	60,603	60,603	60,603	60,603	60,603	60,603	60,603	60,603	
4. 2018.....	XXX	XXX	50,719	50,719	50,719	50,719	50,719	50,719	50,719	50,719	
5. 2019.....	XXX	XXX	XXX	46,796	46,796	46,796	46,796	46,796	46,796	46,796	
6. 2020.....	XXX	XXX	XXX	XXX	40,404	40,404	40,404	40,404	40,404	40,404	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	29,495	29,495	29,495	29,495	29,495	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	23,642	23,642	23,642	23,642	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,991	22,991	22,991	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,661	24,661	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,049	29,049
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,049
13. Earned Premiums (Sch P-Pt. 1)	69,060	60,603	50,719	46,796	40,404	29,495	23,642	22,991	24,661	29,049	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	69,060	
3. 2017.....	XXX	60,603	60,603	60,603	60,603	60,603	60,603	60,603	60,603	60,603	
4. 2018.....	XXX	XXX	50,719	50,719	50,719	50,719	50,719	50,719	50,719	50,719	
5. 2019.....	XXX	XXX	XXX	46,796	46,796	46,796	46,796	46,796	46,796	46,796	
6. 2020.....	XXX	XXX	XXX	XXX	40,404	40,404	40,404	40,404	40,404	40,404	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	29,495	29,495	29,495	29,495	29,495	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	23,642	23,642	23,642	23,642	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,991	22,991	22,991	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,661	24,661	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,049	29,049
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,049
13. Earned Premiums (Sch P-Pt. 1)	69,060	60,603	50,719	46,796	40,404	29,495	23,642	22,991	24,661	29,049	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	
3. 2017.....	XXX	116,744	116,744	116,744	116,744	116,744	116,744	116,744	116,744	116,744	
4. 2018.....	XXX	XXX	118,601	118,601	118,601	118,601	118,601	118,601	118,601	118,601	
5. 2019.....	XXX	XXX	XXX	116,367	116,367	116,367	116,367	116,367	116,367	116,367	
6. 2020.....	XXX	XXX	XXX	XXX	129,165	129,165	129,165	129,165	129,165	129,165	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	169,374	169,374	169,374	169,374	169,374	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	200,514	200,514	200,514	200,514	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	195,299	195,299	195,299	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173,805	173,805	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	178,616	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	178,616
13. Earned Premiums (Sch P-Pt. 1)	115,523	116,744	118,601	116,367	129,165	169,374	200,514	195,299	173,805	178,616	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	115,523	
3. 2017.....	XXX	116,744	116,744	116,744	116,744	116,744	116,744	116,744	116,744	116,744	
4. 2018.....	XXX	XXX	118,601	118,601	118,601	118,601	118,601	118,601	118,601	118,601	
5. 2019.....	XXX	XXX	XXX	116,367	116,367	116,367	116,367	116,367	116,367	116,367	
6. 2020.....	XXX	XXX	XXX	XXX	129,165	129,165	129,165	129,165	129,165	129,165	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	169,374	169,374	169,374	169,374	169,374	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	200,514	200,514	200,514	200,514	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	195,299	195,299	195,299	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173,805	173,805	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	178,616	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	178,616
13. Earned Premiums (Sch P-Pt. 1)	115,523	116,744	118,601	116,367	129,165	169,374	200,514	195,299	173,805	178,616	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

**ANNUAL STATEMENT FOR THE YEAR 2025 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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX									
6. 2020.....	XXX	XXX									
7. 2021.....	XXX	XXX									
8. 2022.....	XXX	XXX									
9. 2023.....	XXX	XXX									
10. 2024.....	XXX	XXX									
11. 2025.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

**ANNUAL STATEMENT FOR THE YEAR 2025 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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	
3. 2017.....	XXX	704	704	704	704	704	704	704	704	704	
4. 2018.....	XXX	XXX	189	189	189	189	189	189	189	189	
5. 2019.....	XXX	XXX	XXX	192	192	192	192	192	192	192	
6. 2020.....	XXX	XXX	XXX	XXX	228	228	228	228	228	228	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	529	529	529	529	529	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	1,249	1,249	1,249	1,249	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,106	1,106	1,106	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,419	1,419	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,032	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,032
13. Earned Premiums (Sch P-Pt. 1)	1,122	704	189	192	228	529	1,249	1,106	1,419	2,032	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	1,122	
3. 2017.....	XXX	704	704	704	704	704	704	704	704	704	
4. 2018.....	XXX	XXX	189	189	189	189	189	189	189	189	
5. 2019.....	XXX	XXX	XXX	192	192	192	192	192	192	192	
6. 2020.....	XXX	XXX	XXX	XXX	228	228	228	228	228	228	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	529	529	529	529	529	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	1,249	1,249	1,249	1,249	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,106	1,106	1,106	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,419	1,419	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,032	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,032
13. Earned Premiums (Sch P-Pt. 1)	1,122	704	189	192	228	529	1,249	1,106	1,419	2,032	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX	XXX								
6. 2020.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	351	351	351	351	351	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	483	483	483	483	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	409	409	409	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	424	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	579	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	579
13. Earned Premiums (Sch P-Pt. 1)					7	351	483	409	424	579	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	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX	XXX								
6. 2020.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7	
7. 2021.....	XXX	XXX	XXX	XXX	XXX	351	351	351	351	351	
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	483	483	483	483	
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	409	409	409	
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	424	
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	579	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	579
13. Earned Premiums (Sch P-Pt. 1)					7	351	483	409	424	579	XXX

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 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	2016 .....		
1.603	2017 .....		
1.604	2018 .....		
1.605	2019 .....		
1.606	2020 .....		
1.607	2021 .....		
1.608	2022 .....		
1.609	2023 .....		
1.610	2024 .....		
1.611	2025 .....		
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.)  
 .....

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

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

Allocated by States and Territories

States, Etc.		Direct Business Only					6 Totals
		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	
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 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE Y**

**PART 1A - DETAILS 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 Location	Relation-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 Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0140	Nationwide		31-1486309				10 W. Nationwide, LLC	..OH.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				100 Green Meadows Drive, LLC	..OH.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				1000 Yard Street, LLC	..OH.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				1050 Yard Street, LLC	..OH.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				1055 Yard Street, LLC	..OH.....	NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				1125 Rail Street, LLC	..OH.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1733036				120 Acre Partners, LLC	..DE.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	95.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				1125 Yard Street, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939867				1175 Bobcat, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		26-2451988				1492 Capital, LLC	..OH.....	NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				111 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				155 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				161 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1580283				170 Marconi, LLC	..OH.....	NIA.....	NID Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		38-4118665				220 Vine St., LLC	..OH.....	NIA.....	NID HP, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1580283				245 Parks Edge Place, LLC	..OH.....	NIA.....	NID Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				275 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				280 High Street, LLC	..OH.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				300 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				310 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				343 N. Front, LLC	..OH.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				400 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1580283				400 West Nationwide Boulevard, LLC	..OH.....	NIA.....	NID Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				410 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1580283				425 West Nationwide Boulevard, LLC	..OH.....	NIA.....	NID Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				44 Chestnut, LLC	..OH.....	NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		38-4118665				500 Neil Avenue, LLC	..OH.....	NIA.....	NID HP, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		38-4118665				515 Kilbourne Street, LLC	..OH.....	NIA.....	NID HP, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		87-1954007				525 Cleveland Avenue, LLC	..OH.....	NIA.....	Nationwide Financial Services, Inc.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486309				75 Rivulon Boulevard, LLC	..OH.....	NIA.....	NRI-Rivulon, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				775 Yard Street, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				777 Swan Street, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				780 Yard Street, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				795 Rail Street, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				800 Bobcat Avenue, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				800 Goodale Boulevard, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				800 Yard Street, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				805 Bobcat Avenue, LLC	..OH.....	NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				808 Yard Street, LLC	..OH.....	NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				820 Goodale Boulevard, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				822 Williams Avenue, LLC	..OH.....	NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				825 Junction Way, LLC	..OH.....	NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				828 Bobcat Avenue, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				840 Third Avenue, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				840 Yard Street, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				845 Yard Street, LLC	..OH.....	NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				855 Third Avenue, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				860 Third Avenue, LLC	..OH.....	NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				875 First Avenue, LLC	..OH.....	NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y

PART 1A - DETAILS 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0140	Nationwide		20-4939866				875 Junction Way, LLC	..OH.....	..NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		20-4939866				880 Third Avenue, LLC	..OH.....	..NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		20-4939866				880 Yard Street, LLC	..OH.....	..NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		20-4939866				895 W. Third Avenue, LLC	..OH.....	..NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		20-4939866				950 Dorchester Way, LLC	..OH.....	..NIA.....	GVY Residential, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		20-4939866				950 Goodale Boulevard, LLC	..OH.....	..NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				960 Bobcat Avenue, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				975 Rail Street, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				995 Yard Street, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				12062 Sycamore Trace, LLC	..OH.....	..NIA.....	Jerome Village Company, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				18615 Claret Drive, LLC	..OH.....	..NIA.....	NRI Cavasson, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				18655 Claret Drive, LLC	..OH.....	..NIA.....	NRI Cavasson, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				18700 Hayden Road, LLC	..OH.....	..NIA.....	NRI Cavasson, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				18750 Hayden Road, LLC	..OH.....	..NIA.....	NRI Cavasson, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				AD DORA, LLC	..OH.....	..NIA.....	NID Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				ADTV, LLC	..OH.....	..NIA.....	NID Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide	10127	27-0114983				ALLIED Insurance Company of America	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide	42579	42-1201931				ALLIED Property and Casualty Insurance Company	..IA.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		42-1527863				ALLIED Texas Agency, Inc.	..TX.....	..IA.....	AMCO Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide	19100	42-6054959				AMCO Insurance Company	..IA.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		59-1031596				American Marine Underwriters, Inc.	..FL.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	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 2023-C, LLC (fka 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		31-1580283				Arena District CA 1, LLC	..OH.....	..NIA.....	NID Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		90-0280710				Arena District Owners Association	..OH.....	..OTH.....	Other non-Nationwide	Other.....		Other non-Nationwide	....NO.....	2
.0140	Nationwide		31-1486309				Cavasson Hotel, LLC	..OH.....	..NIA.....	Cavasson Hotel Holdings, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				Cavasson Hotel Holdings, LLC	..OH.....	..NIA.....	NRI Cavasson, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		20-1618232				CNRI-Cannonsport Condominium, LLC	..OH.....	..NIA.....	CNRI-Cannonsport, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		20-1618232				CNRI-Cannonsport, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide	29262	74-1061659				Colonial County Mutual Insurance Company	..TX.....	..IA.....	Other non-Nationwide	Other.....		Other non-Nationwide	....NO.....	2
.0140	Nationwide	18961	68-0068866				Crestbrook Insurance Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				Crewville, Ltd.	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y

PART 1A - DETAILS 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 Location	Relation-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 Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0140	Nationwide		84-5052608				Danforth, LLC	..OH.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	42587	42-1207150				Depositors Insurance Company	..IA.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
			46-4104813				Discover Affordable Housing Investment Fund I LLC	..OH.....	..OTH.....	Other non-Nationwide	Other.....		Other non-Nationwide	...NO.....	2
.0140	Nationwide		33-0096671				DVM Insurance Agency	..CA.....	..NIA.....	Veterinary Pet Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	15821	47-4523959				Eagle Captive Reinsurance, LLC	..OH.....	..IA.....	Nationwide Life Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		26-3260559				E-Risk Services, L.L.C.	..DE.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	22209	75-6013587				Freedom Specialty Insurance Company	..OH.....	..IA.....	Scottsdale Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				Grandview Yard Hotel Holdings, LLC	..OH.....	..NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				Grandview Yard Hotel, LLC	..OH.....	..NIA.....	Grandview Yard Hotel Holdings, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		20-4939866				GVY Residential, LLC	..OH.....	..NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	23582	41-0417250				Harleysville Insurance Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
							Harleysville Insurance Company of New Jersey	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	42900	23-2253669				Harleysville Insurance Company of New York	..NJ.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	10674	23-2864924				Harleysville Preferred Insurance Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	35696	23-2384978				Harleysville Worcester Insurance Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	26182	04-1989660				Jefferson National Life Insurance Company	..TX.....	..IA.....	Nationwide Life Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	64017	75-0300900				Jerome Village Company, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		74-1395229				Lone Star General Agency, Inc.	..TX.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	11991	38-0865250				National Casualty Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide						National Casualty Company of America, Ltd.	..GBR.....	..IA.....	National Casualty Company	Ownership.....	100.000	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.....	
							Nationwide Advantage Mortgage Company	..IA.....	..NIA.....	ALLIED Property & Casualty 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.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	28223	42-1015537				Nationwide Agribusiness Insurance Company	..IA.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	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.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	10723	95-0639970				Nationwide Assurance Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1036287				Nationwide Cash Management Company	..OH.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-4416546				Nationwide Corporation	..OH.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...YES.....	
.0140	Nationwide		31-1667326				Nationwide Financial Assignment Company	..OH.....	..NIA.....	Nationwide Life Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		23-2412039				Nationwide Financial General Agency, Inc.	..PA.....	..NIA.....	NFS Distributors, Inc.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-6554353				Nationwide Financial Services Capital Trust	..DE.....	..NIA.....	Nationwide Financial Services, Inc.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1486870				Nationwide Financial Services, Inc.	..DE.....	..NIA.....	Nationwide Corporation	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		52-6969857				Nationwide Fund Advisors	..DE.....	..NIA.....	Nationwide Financial Services, Inc.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-1748721				Nationwide Fund Distributors LLC	..DE.....	..NIA.....	NFS Distributors, Inc.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		31-0900518				Nationwide Fund Management LLC	..DE.....	..NIA.....	NFS Distributors, Inc.	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	23760	31-4425763				Nationwide General Insurance Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
							Nationwide Global Services Company Private Limited	..IND.....	..NIA.....	Nationwide GSC Holding, Inc.	Ownership.....	99.990	Nationwide Mutual Insurance Company	...NO.....	
							Nationwide Global Services Company Private Limited	..IND.....	..NIA.....	Nationwide Nom, LLC	Ownership.....	0.010	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide		33-3724100				Nationwide GSC Holding, Inc.	..OH.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	10070	31-1399201				Nationwide Indemnity Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	25453	95-2130882				Nationwide Insurance Company of America	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	
.0140	Nationwide	10948	31-1613686				Nationwide Insurance Company of Florida	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	...NO.....	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

SCHEDULE Y

PART 1A - DETAILS 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0140	Nationwide		41-2206199				Nationwide Investment Advisors, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		73-0988442				Nationwide Investment Services Corporation .. Nationwide Life and Annuity Insurance Company	OK	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	YES	
.0140	Nationwide	92657	31-1000740				Nationwide Life and Benefits Insurance Company (fka Direct General Life Insurance Company)	OH	IA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide	97705	13-3139500				Nationwide Life Insurance Company	SC	IA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide	66869	31-4156830				Nationwide Life Insurance Company Nationwide Life Tax Credit Partners 2003-A, LLC	OH	IA	Nationwide Financial Services, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		54-2113175				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		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		20-2303694				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 2009-1, LLC	OH	OTH	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	NO	1
.0140	Nationwide		33-3698490				Nationwide Nom, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		42-1373380				Nationwide Sales Solutions, Inc. (fka Nationwide Member Solutions Agency Inc.)	IA	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		75-3191025				Nationwide Mutual Capital, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide	23787	31-4177100				Nationwide Mutual Insurance Company	OH	RE	Other non-Nationwide	Ownership		Other non-Nationwide	NO	
.0140	Nationwide		34-2012765				Nationwide Private Equity Fund, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide	37877	31-0970750				Nationwide Property and Casualty Insurance Company	OH	IA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				Nationwide Realty Investors, Ltd.	OH	NIA	Nationwide Mutual Insurance Company	Ownership	97.150	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				Nationwide Realty Investors, Ltd.	OH	NIA	Nationwide Indemnity Company	Ownership	2.850	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				Nationwide Realty Management, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide						Nationwide Realty Services, Ltd.	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		73-0948330				Nationwide Retirement Solutions, Inc.	DE	NIA	NFS Distributors, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		83-2250056				Nationwide SBL, LLC	OH	NIA	Nationwide Life and Annuity Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		36-2434406				Nationwide Securities, LLC	OH	NIA	NFS Distributors, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		46-1952215				Nationwide Tax Credit Partners 2013-A, LLC	OH	OTH	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	NO	1
.0140	Nationwide		46-1971926				Nationwide Tax Credit Partners 2013-B, LLC	OH	OTH	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	NO	1
.0140	Nationwide		31-1592130	2729677			Nationwide Trust Company, FSB	US	NIA	Nationwide Financial Services, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		20-5976272				Nationwide Ventures, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		85-4193218				NCS Arizona, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		11-3651828				ND La Quinta Partners, LLC	DE	NIA	Nationwide Realty Investors, Ltd.	Ownership	95.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1630871				NFS Distributors, Inc.	DE	NIA	Nationwide Financial Services, Inc.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		93-4557312				NLAIC REO Holdings, LLC	OH	NIA	Nationwide Life and Annuity Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		82-5195340				NLIC REO Holdings, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		82-5194959				NMIC REO Holdings, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		46-3762545				NNOV8, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		20-4939866				North of Third, LLC	OH	NIA	NRI Equity Land Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				NRI Arena, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				NRI Brookside, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE Y**  
**PART 1A - DETAILS 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 Location	Relation-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 Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0140	Nationwide		31-1486309				NRI Builders, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				NRI Cavasson, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				NRI Corporate Housing, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				NRI Cramer Creek, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		20-4939866				NRI Equity Land Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	80.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		26-0212217				NRI Equity Tampa, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				NRI Office Ventures, Ltd	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NRI Telecom, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1486309				NRI-Rivulon, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		65-0416844				NSM Sales Corporation	NV	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		90-0729552				NTCIF-2011, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	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		46-0741029				NTCP 2012-A, LLC	OH	OTH	Nationwide Life Insurance Company	Other	0.010	Nationwide Mutual Insurance Company	NO	1
.0140	Nationwide		46-3308966				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	100.000	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		44-1969518				NW Fyrebyrd, LLC	OH	NIA	NNOV8, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		85-3363961				NW Next, LLC	OH	NIA	NNOV8, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		81-0936428				NW Private Debt, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		26-1903919				NW REI, LLC	DE	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		92-1294202				NW-Adams, LLC	OH	NIA	NW REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		41-3171928				NW-Aureum II & III, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		41-2593219				NW-Aureum II, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		41-2621410				NW-Aureum III, LLC	OH	NIA	Nationwide Mutual Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		99-3508624				NW-Aureum, LLC	OH	NIA	NW REI (NLIC), LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		92-2674633				NW-Brandon LLC	OH	NIA	NW REI (NLIC), LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		87-0847675				NW-Broadway at Surf, LLC	OH	NIA	NMIC REO Holdings, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		88-2152576				NW-Coifax, LLC	OH	NIA	NW REI (NLAIC), LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		92-0292630				NW-Conroe, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		87-3648595				NW-Corazon, LLC	OH	NIA	Nationwide Life Insurance Company	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		99-3065627				NW-Denton, LLC	OH	NIA	NW REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		86-1538532				NW-Escalante II, LLC	OH	NIA	NW REI, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		92-3310596				NW-FSU, LLC	OH	NIA	NW REI (NLIC), LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 205 Vine, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 225 Nationwide, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 230 West, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 240 Nationwide, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 250 Brodbelt, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 250 West, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 265 Neil, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 275 Marconi, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 300 Neil, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 300 Spring, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	
.0140	Nationwide		31-1580283				NWD 355 McConnell, LLC	OH	NIA	NID Investments, LLC	Ownership	100.000	Nationwide Mutual Insurance Company	NO	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE Y**

**PART 1A - DETAILS 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0140	Nationwide		31-1580283				NWD 425 Nationwide, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD 500 Nationwide, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Arena Crossing, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Arena District I, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Arena District II, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Arena District MM, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Arena District PW, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Arena District V, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Athletic Club, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		88-2975730				NW-Boise, LLC	..OH.....	..NIA.....	Nationwide Life Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Brodbelt, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		30-0876022				NWD Franklinton, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	80.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-4118665				NWD HP, LLC	..OH.....	..NIA.....	NWD Investments, LLC	Ownership.....	75.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1580283				NWD Investments, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	80.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				NWGH, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	75.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		92-2943602				NW-Holly Springs, LLC	..OH.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		92-3558072				NW-Huntersville, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		47-2482818				NW-Jasper WAG, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		87-3767006				NW-Kingsbury, LLC	..OH.....	..NIA.....	Nationwide Life Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		81-5146596				NW-Logan, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		87-1565013				NW-Midtown, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		88-2595124				NW-OG, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		39-3873420				NW-One Kelly, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		83-2260477				NW-ORBD, LLC	..OH.....	..NIA.....	NW REI (NMFIC), LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		93-1728625				NW-Pleasant Prairie, LLC	..OH.....	..NIA.....	NW REI (NLIC), LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		47-2449044				NW-Promenade at Madison, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		87-1367836				NW-Rancho, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		86-3702669				NW-RPG Cranberry, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		87-3273918				NW-San Marco, LLC	..OH.....	..NIA.....	Nationwide Life Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		33-4906424				NW-Southpointe, LLC	..OH.....	..NIA.....	NLIC REO Holdings, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		87-3289289				NW-San Pablo, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		81-3212025				NW-Springfield, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		93-2022585				NW-Spring Hill, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		92-2878794				NW-SR-16, LLC	..OH.....	..NIA.....	NW REI, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		39-2934629				NW-Twin Lakes (Charlotte), LLC	..OH.....	..NIA.....	NW REI (NLIC), LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		92-0677233				NW-UNCC, LLC	..OH.....	..NIA.....	NW REI (NLIC), LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		81-1603024				NW REI (NLAIC), LLC	..OH.....	..NIA.....	Nationwide Life and Annuity Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		81-1619428				NW REI (NLIC), LLC	..OH.....	..NIA.....	Nationwide Life Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		81-1861190				NW REI (NMFIC), LLC	..OH.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-0947092				OCH Company, LLC	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
			26-0263012				Old Track Street Owners Association, Inc.	..OH.....	..OTH.....	Other non-Nationwide	Other.....		Other non-Nationwide	....NO.....	2
.0140	Nationwide	13999	27-1712056				Olentany Reinsurance, LLC	..VT.....	..IA.....	Nationwide Life and Annuity Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		31-1486309				Perimeter A, Ltd.	..OH.....	..NIA.....	Nationwide Realty Investors, Ltd.	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		20-4939866				Rail Street Parking, LLC	..OH.....	..NIA.....	NRI Equity Land Investments, LLC	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		75-2938844				Registered Investment Advisors Services, Inc.	..TX.....	..NIA.....	Nationwide Financial Services, Inc.	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		82-0549218				Retention Alternatives Ltd.	..BMJ.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	

98.5

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE Y**

**PART 1A - DETAILS 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0140	Nationwide	15580	31-1117969				Scottsdale Indemnity Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide	41297	31-1024978				Scottsdale Insurance Company	..OH.....	..IA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.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						The Association Benefits Solution, LLC	..DE.....	..NIA.....	Nationwide Life 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.....	
.0140	Nationwide		87-3248762				Virtuo 2920, LLC	..DE.....	..NIA.....	Nationwide Mutual Insurance Company	Ownership.....	100.000	Nationwide Mutual Insurance Company	....NO.....	
.0140	Nationwide		87-3271892				Virtuo 2920 Mezz, LLC	..DE.....	..NIA.....	Nationwide Mutual 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 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10127	27-0114983	Allied Insurance Company of America							*			94,446,066
42579	42-1201931	Allied Property & Casualty Insurance Company							*			375,402,864
19100	42-6054959	AMCO Insurance Company							*			466,413,275
29262	74-1061659	Colonial County Mutual Insurance Company							*			119,467,440
18961	68-0066866	Crestbrook Insurance Company							*			551,046,285
42587	42-1207150	Depositors Insurance Company							*			382,352,588
	33-0096671	DVM Insurance Agency, Inc	(224,208)								(224,208)	
15821	47-4523959	Eagle Captive Reinsurance, LLC	(530,000,000)								(530,000,000)	(4,422,481,212)
22209	75-6013587	Freedom Specialty Insurance Company										968,422,932
23582	41-0417250	Harleysville Insurance Company							*			358,077,118
42900	16-1075588	Harleysville Insurance Company of New Jersey							*			163,235,865
10674	23-2864924	Harleysville Insurance Company of New York							*			494,948,951
35696	23-2384978	Harleysville Preferred Insurance Company							*			145,349,425
26182	04-1989660	Harleysville Worcester Insurance Company							*			300,122,856
64017	75-0300900	Jefferson National Life Insurance Co	(7,648,883)								(7,648,883)	
11991	38-0865250	National Casualty Company							*			2,439,100,114
26093	48-0470690	Nationwide Affinity Insurance Company of America							*			306,658,011
28223	42-1015537	Nationwide Agribusiness Insurance Company							*			1,065,360,470
10723	95-0639970	Nationwide Assurance Company							*			403,395,936
31-1486870	31-1486870	Nationwide Financial Services, Inc		(75,000,000)							(75,000,000)	
23760	31-4425763	Nationwide General Insurance Company							*			1,592,854,368
33-3724100	33-3724100	Nationwide GSC Holdings, Inc		28,800							28,800	
10070	31-1399201	Nationwide Indemnity Company	1,151,315						*		1,151,315	848,012,878
25453	95-2130882	Nationwide Insurance Company of America							*			1,458,617,759
10948	31-1613686	Nationwide Insurance Company of Florida							*			90,835,481
92657	31-1000740	Nationwide Life and Annuity Insurance Company		393,000,000							393,000,000	3,044,136,885
66869	31-4156830	Nationwide Life Insurance Company	537,648,883	(325,000,000)							212,648,883	1,378,344,327
75-3191025	75-3191025	Nationwide Mutual Capital, LLC	109,550								109,550	
23787	31-4177100	Nationwide Mutual Insurance Company	(12,535,212)	(195,483,476)					*		(208,018,688)	(19,793,120,996)
33-3698490	33-3698490	Nationwide Nom, LLC		1,200							1,200	
34-2012765	34-2012765	Nationwide Private Equity Fund, LLC	279,415	38,840							318,255	
37877	31-0970750	Nationwide Property & Casualty Insurance Company		4,394,880					*		4,394,880	1,097,130,781
31-1486309	31-1486309	Nationwide Realty Investors	(40,000,000)	9,332,617							(30,667,383)	
83-2250056	83-2250056	Nationwide SBL, LLC		7,000,000							7,000,000	
20-5976272	20-5976272	Nationwide Ventures, LLC		17,952,369							17,952,369	
31-0871532	31-0871532	NBS Insurance Agency, Inc	(9,482,533)								(9,482,533)	
85-4193218	85-4193218	NCS Arizona, LLC		2,000,000							2,000,000	
82-5194959	82-5194959	NMIC REO Holdings, LLC		39,251,834							39,251,834	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....	26-1903919 .....	NW REI, LLC .....	57,321,782	36,850,358							94,172,140	
.....	82-4282099 .....	OYS Fund, LLC .....	88,925								88,925	
.....	20-1169305 .....	Prisma Polyphony Fund, LLC .....	456,331								456,331	
.....	15580 .....	Scottsdale Indemnity Company .....										515,963,824
.....	41297 .....	Scottsdale Insurance Company .....							*			5,331,929,029
.....	10672 .....	Scottsdale Surplus Lines Insurance Company .....		33,000,000							33,000,000	94,830,546
.....	36269 .....	Titan Insurance Company .....										(2,818)
.....	42285 .....	Veterinary Pet Insurance Company .....	224,208						*		224,208	126,660,872
.....	42889 .....	Victoria Fire & Casualty Company .....							*			2,097,549
.....	10105 .....	Victoria Select Insurance Company .....										390,531
.....	87-3248762 .....	Virtuo 2920 Mezz, LLC .....	2,610,427	52,632,578							55,243,005	
9999999	Control Totals								XXX			

ANNUAL STATEMENT FOR THE YEAR 2025 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 6)	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
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 and Benefits 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 .....	0.000	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 2025 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
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
<b>JUNE FILING</b>	
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.

<b>MARCH FILING</b>	
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 Trusteed 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
<b>APRIL FILING</b>	
30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
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
<b>AUGUST FILING</b>	
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES

**Explanations:**

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 21.
- 22.
- 24.
- 25.
- 26.
- 27.
- 29.
- 30.
- 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. Trusteed 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 2025 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]



30. Credit Insurance Experience Exhibit [Document Identifier 230]



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]



**NONE**



SUPPLEMENT FOR THE YEAR 2025 OF THE SCOTTSDALE INDEMNITY COMPANY

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2025  
(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
\$ 62,713,772	\$ 39,008,262	\$ 5,250,441	\$ 7,186,841	\$ 16,328,889	\$ 14,417,288	100.0 %	0.0 %

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 Claims Made	6 Occurrence
\$ .....	\$ .....	\$ .....	\$ .....	..... %	..... %



SUPPLEMENT FOR THE YEAR 2025 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 .....	4,025	10,930		
2. Errors & omissions (E&O) .....	47,539,065	51,085,460	12,326,101	12,337,714
3. Directors & officers (D&O) .....	57,277,400	62,604,263	5,250,441	5,238,000
4. Environmental liability .....	69,772	63,969		
5. Excess workers' compensation .....				
6. Commercial excess & umbrella .....	16,921,462	16,036,511	22,404,335	20,972,690
7. Personal umbrella .....			6,081,000	2,925,000
8. Employment liability .....	54,321,716	69,662,501	25,987,410	15,432,556
9. Aggregate write-ins for facilities & premises (CGL) .....	15,466,670	14,764,462	11,671,403	15,337,697
10. Internet & cyber liability .....		1,450		
11. Aggregate write-ins for other .....				
12. Total ASL 17 - other liability (sum of lines 1 through 11)	191,600,110	214,229,546	83,720,690	72,243,657
<b>DETAILS OF WRITE-INS</b>				
0901. Premises and Operations Liability .....			11,656,403	15,337,697
0902. Aggregate of facilities & premises (CGL) lines of business less than 10% of category .....	15,466,670	14,764,462	15,000	
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....				
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	15,466,670	14,764,462	11,671,403	15,337,697
1101. Aggregate of other lines of business less than 10% of category .....				
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)				