

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003971

FILED
Apr 16, 2010
Secretary of State

Entity Name: FREEDOM SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

8877 N GAINES CENTER DRIVE
SCOTTSDALE, AR 85258

New Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

Current Mailing Address:

ONE WEST NATIONWIDE BLVD, DSPF-76
COLUMBUS, OH 43215

New Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183

FEI Number: 75-6013587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: MILLER, MICHAEL D PRES
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: SEC
Name: HORNER III, ROBERT W SEC
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: TRED
Name: HARPER, PETER W TREAD
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

Title: DIR
Name: LEVINE, KENNETH A DIR
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNE MEYER

POA

04/16/2010

Electronic Signature of Signing Officer or Director

Date