

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003971

FILED
Apr 13, 2012
Secretary of State

Entity Name: FREEDOM SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

New Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183

New Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

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

OFFICERS AND DIRECTORS:

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

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

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

Title: SVPD
Name: WAIN, SUSAN F SVPD
Address: ONE NATIONWIDE PLAZA
City-St-Zip: COLUMBUS, OH 43215 US

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

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: LAURA LOUIS

POA

04/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date