2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2013
Secretary of State
CC8544443348

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Entity Name: FREEDOM SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

ONE TOWER SQUARE
HARTFORD, CT 06183

Current Mailing Address:

ONE TOWER SQUARE
HARTFORD, CT 06183 US

FEI Number: 75-6013587

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	MILLER, MICHAEL D.
Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215

Title	VP, SECRETARY
Name	HORNER, III, ROBERT W.
Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215

Title	VP, TREASURER, DIRECTOR
Name	LEACH, MICHAEL P.
Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	LEVINE, KENNETH A.
Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215

Title	SENIOR VICE PRESIDENT, DIRECTOR
Name	LANDI, CRAIG E.
Address	ONE NATIONWIDE PLAZA
City-State-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: ROBERT W. HORNER, III VP, SECRETARY 04/10/2013

Electronic Signature of Signing Officer/Director Detail — Date