

1.) CORPORATION NAME:

FREEDOM SPECIALTY INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **3/31/2012**

SCC ID NO: **F1852930**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE TOWER SQUARE

CITY/ST/ZIP: HARTFORD, CT 06183-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT W. HORNER III
TITLE: VP/SECRETARY
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: MICHAEL D MILLER
TITLE: PRES/COO
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: PETER W HARPER
TITLE: VP/TREAS
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: SUSAN F WAIN
TITLE: DIRECTOR
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: CRAIG E LANDI
TITLE: DIRECTOR
ADDRESS: ONE NATIONWIDE PLAZA
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER DIRECTOR

NAME: KENNETH A LEVINE TITLE: DIRECTOR ADDRESS: ONE NATIONWIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT W. HORNER III	ROBERT W. HORNER III,	1/25/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.