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## AMENDED FILING EXPLANATION

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Reason for Amendment : Changes in response on page 99 supplemental interrogatories from No to Yes for Cybersecurity



# ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

## FREEDOM SPECIALTY INSURANCE COMPANY

NAIC Group Code..... 0140, 0140  
(Current Period) (Prior Period)

Organized under the Laws of OH

Incorporated/Organized..... May 21, 1929

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 22209

State of Domicile or Port of Entry OH

Employer's ID Number..... 75-6013587

Country of Domicile US

Commenced Business..... July 5, 1929

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

8877 N. GAINY CENTER DRIVE..... SCOTTSDALE .... AZ .... US.... 85258-2108 480-365-4000  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS .... OH .... US .... 43215-2220  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

ONE WEST NATIONWIDE BLVD., 1-04-701..... COLUMBUS .... OH .... US .... 43215-2220 614-249-1545  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

WWW.SCOTTSDALEINS.COM

CHERYL M. DENNIS

(Name)

FINRPT@NATIONWIDE.COM

(E-Mail Address)

614-249-1545

(Area Code) (Telephone Number) (Extension)

866-315-1430

(Fax Number)

## OFFICERS

**Name**  
1. THOMAS EDWARD CLARK  
3. KENNETH ARI LEVINE

**Title**  
PRESIDENT  
VP & TREASURER

**Name**  
2. ROBERT WILLIAM HORNER III

**Title**  
VP & SECRETARY

PAMELA ANN BIESECKER  
MARTHA LOVETTE FRYE #  
THOMAS WAYNE JURGENS  
DAVID NEIL NELSON

SVP-HEAD OF TAXATION  
SR REG VP-SOUTHEAST DIST  
SVP-BRKG-E&S  
SVP-CONTRC & PRG UNDRW

MICHAEL ALOYSIUS BOYD  
THOMAS IORIO  
JOHN SANTOS LOPES

SVP-ENTERPRISE BRAND MARKT  
SVP-COMM, FIN INST, SURETY  
SVP-E&S SPECIALTY PROGRAMS

## OTHER

MARK ALLEN BERVEN  
DAVID NEIL NELSON

THOMAS EDWARD CLARK  
DOREEN KATHERINE REINKE

THOMAS WAYNE JURGENS

MICHAEL PATRICK LEACH

## DIRECTORS OR TRUSTEES

State of..... OHIO  
County of.... FRANKLIN

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.

(Signature)  
THOMAS EDWARD CLARK  
1. (Printed Name)  
PRESIDENT  
(Title)

(Signature)  
ROBERT WILLIAM HORNER III  
2. (Printed Name)  
VP & SECRETARY  
(Title)

(Signature)  
KENNETH ARI LEVINE  
3. (Printed Name)  
VP & TREASURER  
(Title)

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 2018

a. Is this an original filing?

Yes [ ] No [X]

b. If no 1. State the amendment number

1

2. Date filed

04/05/2018

3. Number of pages attached

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