
AMENDED FILING EXPLANATION

Correcting response to Supp Int. #29 as Freedom will be filing a Credit IEE.

Additionally submitting the Credit IEE.



ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

FREEDOM SPECIALTY INSURANCE COMPANY

NAIC Group Code.....	140, 140 (Current Period) (Prior Period)	NAIC Company Code.....	22209	Employer's ID Number.....	75-6013587
Organized under the Laws of OH		State of Domicile or Port of Entry	OH	Country of Domicile	US
Incorporated/Organized.....	May 21, 1929	Commenced Business.....	July 5, 1929		
Statutory Home Office		ONE WEST NATIONWIDE BLVD. .. COLUMBUS .. OH .. US .. 43215-2220 (Street and Number) (City or Town, State, Country and Zip Code)			
Main Administrative Office		8877 N. GAINY CENTER DRIVE .. SCOTTSDALE .. AZ .. US .. 85258-2108 (Street and Number) (City or Town, State, Country and Zip Code)		480-365-4000 (Area Code) (Telephone Number)	
Mail Address		ONE WEST NATIONWIDE BLVD., FSSC-RR .. COLUMBUS .. OH .. US .. 43215-2220 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records		ONE WEST NATIONWIDE BLVD., 1-04-701 .. COLUMBUS .. OH .. US .. 43215-2220 (Street and Number) (City or Town, State, Country and Zip Code)			614-249-1545 (Area Code) (Telephone Number)
Internet Web Site Address		WWW.SCOTTSDALEINS.COM			
Statutory Statement Contact		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	Title	Name	Title
1. THOMAS EDWARD CLARK	PRESIDENT	2. DENISE LYNN SKINGLE	SVP & SECRETARY
3. AMBER M. WAYNE #	VP & TREASURER		

OTHER

PAMELA ANN BIESECKER	SVP-HEAD OF TAXATION	JENNIFER BOYD MACKENZIE	SVP-ENTERPRISE BRAND MARKT
----------------------	----------------------	-------------------------	----------------------------

DIRECTORS OR TRUSTEES

MARK ALLEN BERVEN	THOMAS EDWARD CLARK	THOMAS WAYNE JURGENS	ELIZABETH MARGARET RICZKO #
DOREEN KATHERINE REINKE			

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	(Signature) DENISE LYNN SKINGLE	(Signature) AMBER M. WAYNE
1. (Printed Name) PRESIDENT	2. (Printed Name) SVP & SECRETARY	3. (Printed Name) VP & TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2020

a. Is this an original filing?
b. If no
1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [] No [X]

1

4/2/2020

60

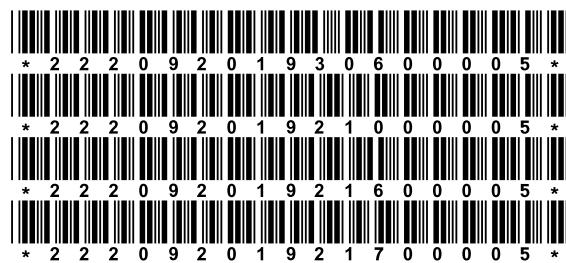
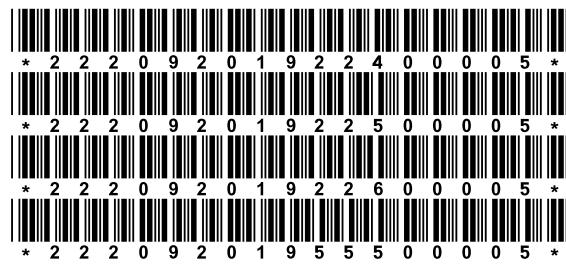
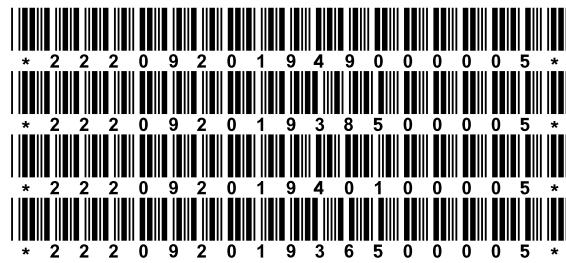
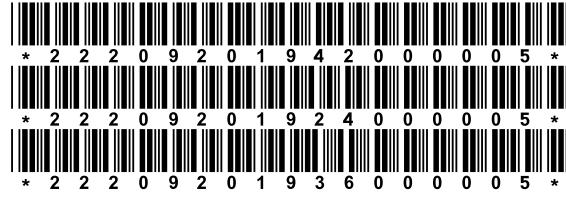
Annual Statement for the year 2019 of the **FREEDOM SPECIALTY INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

EXPLANATION:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
- 15.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
- 20.
21. The data for this supplement is not required to be filed.
- 22.
23. The data for this supplement is not required to be filed.
- 24.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
- 29.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
- 34.

BAR CODE:



Annual Statement for the year 2019 of the **FREEDOM SPECIALTY INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

35. The data for this supplement is not required to be filed.



36. The data for this supplement is not required to be filed.



37.