

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003895

Entity Name: HARLEYSVILLE WORCESTER INSURANCE COMPANY

Current Principal Place of Business:

355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Current Mailing Address:

355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

FEI Number: 04-1989660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 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 DIRECTOR, PRESIDENT, CHIEF OPERATING OFFICER
Name BERVEN, MARK A.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR
Name SMITH, ERIC E.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

Title TREASURER
Name ROTHERMEL, PETER J.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

Title SECRETARY
Name SKINGLE, DENISE L.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR
Name DOUGLAS, GARY A.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR
Name RICZKO, ELIZABETH M.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR
Name GUERRERO, OSCAR
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

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: DENISE L. SKINGLE

SECRETARY

04/24/2022

Electronic Signature of Signing Officer/Director Detail

Date