

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003895

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** HARLEYSVILLE WORCESTER INSURANCE COMPANY

**Current Principal Place of Business:**

355 MAPLE AVENUE  
HARLEYSVILLE, PA 19438

**New Principal Place of Business:**

**Current Mailing Address:**

355 MAPLE AVENUE  
HARLEYSVILLE, PA 19438

**New Mailing Address:**

215 WASHINGTON ST  
SUITE 003  
WATERTOWN, NY 13601

**FEI Number:** 04-1989660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OTMASKIN, DENNIS J  
Address: 120 FRONT STEET  
City-St-Zip: WORCESTER, MA 01608

Title: TD  
Name: CUMMINS, MARK R  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: SD  
Name: KAUFFMAN, ROBERT  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: VP  
Name: BECKER, ALLAN R  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: VP  
Name: BOHANAN, GEOFFREY T  
Address: 120 FRONT STREET  
City-St-Zip: WORCESTER, MA 01608

Title: VP  
Name: BOND, DAVID K  
Address: 355 MAPLE AVENUE  
City-St-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: CHARLENE D. WOLFE

AT

03/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date