2013 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	PD		Title	VP
Name	OTMASKIN, DENNIS J		Name	DOVE, CAROL L
Address	120 FRONT STEET		Address	ONE NATIONWIDE PLAZA PO BOX 182171
City-State-Zip:	WORCESTER MA 01608		City-State-Zip:	COLUMBUS OH 43218
Title	VP		Title	VP
Name	HORNER III, ROBERT W		Name	BECKER, ALLAN R
Address	ONE NATIONWIDE PLAZA PO BOX 182171		Address	355 MAPLE AVENUE
City-State-Zip:	COLUMBUS OH 43218		City-State-Zip:	HARLEYSVILLE PA 19438
Title	VP		Title	VP
Name	BOHANAN, GEOFFREY T		Name	BOND, DAVID K
Address	120 FRONT STREET		Address	355 MAPLE AVENUE
City-State-Zip:	WORCESTER MA 01608		City-State-Zip:	HARLEYSVILLE PA 19438
Title	FINANCIAL BUSINESS DIRECTOR			
Name	WOLFE, CHARLENE D			
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: CHARLENE D WOLFE   FINANCIAL BUSINESS DIRECTOR   03/25/2013

Electronic Signature of Signing Officer/Director Detail	Date