

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003895

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC4574779580**

**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            PRESIDENT, COO, DIRECTOR  
Name            BERVEN, MARK A  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            VICE PRESIDENT AND SECRETARY  
Name            HORNER, III, ROBERT W  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            VP, TREASURER  
Name            CROSSER, WENDELL P  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            SENIOR VICE PRES  
Name            BIESECKER, PAMELA A  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            BOHANAN, GEOFFREY T  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            CLARK, THOMAS E  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            ENGEL, TYLER D  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title            DIRECTOR  
Name            LEACH, MICHAEL P  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

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*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:** ROBERT W HORNER, III

**SECRETARY**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NORTH, JOHN H  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title           DIRECTOR  
Name           ZIERKE, CHAD  
Address        ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215