2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003947

Entity Name: HARLEYSVILLE INSURANCE COMPANY

Current Principal Place of Business:

355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Current Mailing Address:

355 MAPLE AVENUE
HARLEYSVILLE, PA 19438 US

FEI Number: 41-0417250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
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	TREASURER
Name	ROTHERMEL, PETER J.
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	GUERRERO, OSCAR
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	SECRETARY
Name	SKINGLE, DENISE L.
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

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