

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003947

FILED  
Mar 09, 2011  
Secretary of State

**Entity Name:** HARLEYSVILLE INSURANCE COMPANY

**Current Principal Place of Business:**

355 MAPLE AVE  
HARLEYSVILLE, PA 19438

**New Principal Place of Business:**

**Current Mailing Address:**

355 MAPLE AVE  
HARLEYSVILLE, PA 19438

**New Mailing Address:**

**FEI Number:** 41-0417250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
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: DPCE  
Name: BROWNE, MICHAEL L  
Address: 355 MAPLE AVE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: VP  
Name: BOND, DAVID K  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: AT  
Name: BAUER, ANGELA K  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

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

Title: D  
Name: GALLOWAY, DAVID W  
Address: 355 MAPLE AVE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: S  
Name: KAUFFMAN, ROBERT A  
Address: 355 MAPLE AVE  
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: ANGELA K BAUER

AT

03/09/2011

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

\_\_\_\_\_  
Date