

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003947

FILED
Mar 12, 2012
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: AS
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

03/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date