

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003947

FILED
Mar 25, 2013
Secretary of State
CC7545813980

Entity Name: HARLEYSVILLE INSURANCE COMPANY

Current Principal Place of Business:

355 MAPLE AVE
HARLEYSVILLE, PA 19438

Current Mailing Address:

355 MAPLE AVE
HARLEYSVILLE, PA 19438

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 DPCE
Name BROWNE, MICHAEL L
Address 355 MAPLE AVE
City-State-Zip: HARLEYSVILLE PA 19438

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

Title ASSOCIATE VICE PRESIDEN
Name BAUER, ANGELA K
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

Title VP, ASSISTANT TREASURER
Name DOVE, CAROL L
Address ONE NATIONWIDE PLAZA
PO BOX 182171
City-State-Zip: COLUMBUS OH 43218

Title FINANCIAL BUSINESS DIRECTOR
Name WOLFE, CHARLENE D
Address 355 MAPLE AVE
City-State-Zip: HARLEYSVILLE PA 19438

Title S
Name HORNER III, ROBERT W
Address ONE NATIONWIDE PLAZA
PO BOX 182171
City-State-Zip: COLUMBUS OH 43218

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
DIRECTO**

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date