

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003951

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**9132336565CC**

**Entity Name:** HARLEYSVILLE PREFERRED 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:** 23-2384978

**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 DIRECTOR  
Name ALLOCCO, CATHY A.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name ARANGO, DAVID G.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name GOBBER, LISA E.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name LEACH, MICHAEL P.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name SHORE, AMY T.  
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 TREASURER  
Name BUEHLER, ROBERT A.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

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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:** DENISE L. SKINGLE

**SECRETARY**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            SKINGLE, DENISE L.  
Address        355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438