2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003951

Entity Name: HARLEYSVILLE PREFERRED INSURANCE COMPANY

FILED May 01, 2020 **Secretary of State** 4790660433CC

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:

Address

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CHIEF

OPERATING OFFICER

Name BERVEN, MARK A. 355 MAPLE AVENUE

City-State-Zip: HARLEYSVILLE PA 19438

Title **TREASURER**

KITTO, ELIZABETH Name

355 MAPLE AVENUE Address

City-State-Zip: HARLEYSVILLE PA 19438

Title **DIRECTOR**

Name BRAZEAU TEMPLE, SHELLEY

Address 355 MAPLE AVENUE

City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR

Name RICZKO, ELIZABETH M. 355 MAPLE AVENUE Address

City-State-Zip: HARLEYSVILLE PA 19438 Title DIRECTOR

Name SMITH, ERIC E.

Address 355 MAPLE AVENUE

City-State-Zip: HARLEYSVILLE PA 19438

SECRETARY Title

Name SKINGLE, DENISE L. Address 355 MAPLE AVENUE

HARLEYSVILLE PA 19438 City-State-Zip:

Title DIRECTOR

Name DOUGLAS, GARY A. 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.

05/01/2020 SIGNATURE: DENISE L. SKINGLE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date