

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003951

FILED
Aug 24, 2023
Secretary of State
3084176565CC

Entity Name: HARLEYSVILLE PREFERRED INSURANCE COMPANY

Current Principal Place of Business:

ONE WEST NATIONWIDE BLVD.
COLUMBUS, OH 43215

Current Mailing Address:

ONE WEST NATIONWIDE BLVD.
COLUMBUS, OH 43215 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
Name BERVEN, MARK A.
Address ONE WEST NATIONWIDE BLVD.
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name BEAL, CHARLES A.
Address ONE WEST NATIONWIDE BLVD.
City-State-Zip: COLUMBUS OH 43215

Title TREASURER
Name ROTHERMEL, PETER J.
Address ONE WEST NATIONWIDE BLVD.
City-State-Zip: COLUMBUS OH 43215

Title SECRETARY
Name SKINGLE, DENISE L.
Address ONE WEST NATIONWIDE BLVD.
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name GUERRERO, OSCAR
Address ONE WEST NATIONWIDE BLVD.
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name RICZKO, ELIZABETH M.
Address ONE WEST NATIONWIDE BLVD.
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name WILLIAMS, GEORGE MIDDLETON III
Address ONE WEST NATIONWIDE BLVD.
City-State-Zip: COLUMBUS OH 43215

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

08/24/2023

Electronic Signature of Signing Officer/Director Detail

Date